

## SDCC STRTP PLAN OF OPERATION

ILS § 87022

**Note:** Throughout this application, the term “youth” is used to refer to youth ages birth to 21. When referring specifically to young children or Transition Aged Youth (TAY), the terms child/children or TAY are used, respectively. The term “family” is used to refer to the family of origin, caregivers, extended family, or others who may be a target return environment for the youth.

### A. VISION, MISSION, PURPOSE, GOALS, AND PHILOSOPHIES ILS § 87022(c)(2)

#### 1. Vision and Mission

The mission of San Diego Center for Children (SDCC) is “To protect the joy of childhood, prevent emotional suffering, and incite change”. Our overarching vision is “To inspire a world where all children and families live joyful, healthy lives”. We hold strong to the following values:

- ❖ Welcoming - Everyone experiences a positive, friendly, inviting environment when they connect with the San Diego Center for Children.
- ❖ Optimistic - Our 130 years of experience, focusing on strengths and successes, gives us the confidence to know we can help children and families.
- ❖ Excellence - We provide and promote excellence in all we do to improve the lives of those we serve and our community.
- ❖ Wellness - We promote the health and wellbeing of the whole person and the safety of their environment.
- ❖ Collaboration- We value and seek the opinions and thoughts of others. We strategically partner to achieve common goals to make greater impact.
- ❖ Compassion - We regard others with understanding, empathy and a willingness to help.

SDCC has provided residential care to youth since the 1950s. Youth who have received SDCC residential services have been placed out-of-home in response to having serious emotional or behavioral disorders. The primary mission of SDCC’s residential services is to strengthen and reunite families by working with children and parents to promote better mental health and quality of life. To fulfill this mission, the SDCC Short Term Residential Treatment Program provides youth:

- an array of comprehensive, individualized, trauma informed, and culturally appropriate services which minimize the amount of time youth spend away from home in a residential environment and maximize the strengths of each youth and their family
- A safe and therapeutic environment with intensive supportive services for youth to improve emotional and behavioral functioning such that they can return to a family or home setting

#### 2. Purpose, methods, goals, and philosophies of the program ILS § 87022(c)(2)

The San Diego Center for Children-Short Term Residential Therapeutic Program (SDCC-STRTP) provides services for up to eighty (80) children and adolescents (ages 6-17) and to non-minor dependents (ages 18-21) who meet criteria for severely emotionally disturbed (SED). Non-minor dependents are defined as youth who are in foster care at age 18 and wish to continue in the Foster Care Program beyond age 18, without a break in care.

Currently, referral and funding sources come from both in and out of San Diego County and consist of:

- |                          |                        |                                |                    |
|--------------------------|------------------------|--------------------------------|--------------------|
| • Adoptions Assistance   | • Hospitals            | • Private Insurance            | • Probation        |
| • Child Welfare Services | • Outpatient Providers | • Private Pay & Self-Referrals | • School Districts |

#### **Program Purpose:**

The purpose of the SDCC-STRTP is to deliver effective behavioral health assessment and treatment in the least restrictive environment possible, in coordination with medical, social, legal, and educational services to restore a youth to higher level of functioning such that the youth can return to a family or home setting. All therapeutic efforts are designed and implemented based on San Diego County’s Children, Youth, and Families System of Care (CYFSOC) principles:

- |   |   |
|---|---|
| • Individualized and responsive to the diverse populations served | • Collaborative with families/youth, public agencies, private organizations and education |
| • Cultural competence and sensitivity                             | • Community-based to provide maximum linkage and integration to community resources       |
| • Youth-focused and family-centered                               | • Multi-disciplinary  |
| • Outcome driven  | • Strength-based  |
| • Trauma Informed   |   |

The SDCC-STRTP provides a multidisciplinary treatment model with a comprehensive mix of services designed to meet the needs of youth experiencing multiple co-occurring psychiatric, educational, behavioral, and substance abuse difficulties which significantly interfere with functioning at home, in the community, and in traditional educational settings. Youth treated have serious, and often multiple, mental health diagnoses, have been unsuccessful in less restrictive treatment settings, and require a highly structured,

intensive treatment program. The program design and functions remain consistent and compatible with all licensing, accreditation, and regulatory bodies, including Community Care Licensing (CCL), the County of San Diego Health and Human Services Agency (HHS), and the Joint Commission on Accreditation of Healthcare Organizations (Joint Commission).

### **Program Methods:**

The SDCC-STRTP will provide a structured therapeutic milieu with an integrated behavioral health program, through partnership with San Diego County Behavioral Health Services-Children, Youth, and Families (BHS-CYF), Child Welfare Services (CWS), Education, and other community agencies, which is designed to meet the developmental, social, and treatment needs of youth with serious emotional disorders. The SDCC-STRTP will provide the following core services:

- **Specialty Mental Health Services:** The SDCC-STRTP contracts with San Diego County BHS-CYF to provide Title IX Specialty Mental Health Services to youth who meet medical necessity criteria per the Medi-Cal EPSDT program. Services include comprehensive bio-psychosocial assessment, individualized plan development, psychotherapy services (individual, family, and group), crisis intervention, case management, collateral services, rehabilitation, Pathways to Wellbeing services (Intensive Care Coordination and Intensive Home-Based Services) and medication support services. Additional services of intensive case management and intensive in-home support services may be provided by staff of the SDCC-STRTP or by a collaborating agency. Services will be provided to youth throughout their admission and up to 90 days after transition/discharge. Same or similar mental health services are provided to youth referred through alternate referral or payment sources.
- **Transition Services:** Youth and families are actively engaged in initial entry and all placement change decisions beginning with pre-admission screening of admission referral, pre-admission interviews, and admission process which help to inform the youth and family of services and expectations. Transition services are continuously provided through monthly treatment teams, or child and family teaming and team meetings (CFT) which include the child/family, SDCC providers, CWS, and any other supports for the child and family as requested. CFT teaming is an ongoing process, while team meetings occur at a minimum of every 90 days. Age appropriate discussions and activities with the youth consider their perspective, wishes, and needs, and prepare the youth/family in advance for placement changes, which may include visits, passes, and collaboration with support services such as wraparound or foster family agencies and supports services. SDCC-STRTP staff may provide specialty mental health services in the home or community up to 90 days after transition/discharge to support stability and permanency, or to bridge transition to other community-based services.
- **Education, Physical, Behavioral, Mental Health, Extracurricular Supports:** Educational coordination begins prior to the admissions process to ensure appropriate and timely access to educational services, supports to remain in the school of origin, or immediate transition to an alternative educational resource. Collaboration with Education (public education entities) is continuous and may include regular check-ins, review of progress, engagement in extracurricular activities, and participation in IEPs or other support services to support academic progress, social and emotional development, and freedom from harmful or discriminatory experience. Physical health is evaluated upon admission and continuously to ensure well care, healthy development, and to address any health concerns (illness or injury). SDCC-STRTP supports a staff of nursing and medication technicians, a nurse practitioner, and contracts with a pediatrician for routine care and on-call consultation. Nutrition and physical activities are integrated into the daily care to support healthy development, physical well-being, and positive social interactions. Life skills and social skills activities are integrated into the daily schedule and are developmentally appropriate to each individual youth, and provided in both structured and unstructured activities. Opportunities to be engaged in the community in age-appropriate activities (sports, recreation, religious organizations, clubs, scouts, arts, etc.) are individualized for each youth's interests and strengths and coordinated with transition planning to encourage continuous participation with any placement change.
- **Transition to Adulthood Services:** Our "Successful Transitions" Needs Assessment and Individualized Action Plans in coordination with our Independent Life Skills curriculum support youth as young as 14 with groups and personalized activities designed to prepare a youth for adulthood by building knowledge and strengths in a wide range of domains. Through child/family teaming, internships, education, and community engagement activities, efforts are made to support youth in building healthy, supportive, and permanent relationships with family of choice, a social network, and the community. Areas of focus include post-secondary education, health, employment, vocational training, housing, citizenship, financial management, cooking, relationships and sexual development, driving/transportation, personal records, etc.
- **Permanency Support Services:** A range of support, including mental health services, is provided to increase youths' functioning and relationships such that they can return to a family or home setting, including permanency with family of origin or adoption. Active involvement of the youth and family in the treatment process may include CFT collaboration, treatment plan development, treatment team reviews, family visitation, family therapy, home visits, transition/aftercare planning and services, and/or family support activities. Coordination with CWS, Family Finding, Wraparound, TBS, Foster Family Agencies, and other community supports occurs throughout a youth's stay to ensure that permanent connections are a priority focus.

In addition to the services above, SDCC developed the Stabilization, Assessment and Reintegration (STAR) Program in partnership with CWS, which serves as an enhancement to the existing SDCC-STRTP services. This partnership program accepts short-term placements, with a targeted discharge at 90 days or less, for stabilization, assessment, and reintegration planning.

The STAR Program addresses an existing gap in services for youth not currently placed in residential care but housed in either Polinsky Children's Center (short term shelter) or Juvenile Hall and awaiting placement recommendation. The STAR program provides a stable and structured treatment environment for evaluation of individual and service needs, and recommendation for appropriate level of care or treatment to divert youth from unnecessary out of home placement, hospitalization, detention, or prevent further placement disruption.

Each youth served through the STAR Program:

- has an identified target return environment (TRE) at the time of intake and/or are being evaluated for appropriateness of their identified TRE;
- receives a comprehensive bio-psychosocial and mental health assessment within 30 days of placement; and
- receives Child and Family Team (CFT) meetings at an increased frequency (every 30 days).

For successful reintegration of STAR youth into their home or a home-like setting, SDCC assigns a care coordinator who coordinates, develops, and provides the following (in conjunction with and/or input from CFT members):

- specific care options and treatment goals;
- a discharge/transition plan to maintain stability and support in the youth's community; and
- coordination or referrals to programs and services needed to support transition back to a home/family setting.

#### **Program Goals:**

The goals of the SDCC-STRTP are:

- To assist youth and families in developing skills and understanding needed to reduce mental health impairment, improve global functioning, and engage support systems so the youth can succeed in a permanent family/home environment.
- To provide effective, timely behavioral health services and support resources to minimize out of home placement.
- To support each youth's mental health treatment through the provision of optimal care in a multidisciplinary clinical setting and daily activities that support, augment, and reinforce individual treatment goals; and meet educational needs and/or mandates.
- For youth placed in the SDCC-STRTP through their school district, the Program will meet each student's Individualized Educational Plan (IEP) goals and ultimately reintegrate them into a less restrictive educational setting in an appropriate school district classroom or other educational setting as determined by the student's IEP.

For those youth placed through the STAR program, the program will assist youth in stabilization while conducting assessments and engaging resources and supports to determine appropriateness for their identified TRE and plan of care.

The goals of the STAR Program are to:

- stabilize youth who are experiencing an immediate behavioral crisis;
- minimize the youth's high-risk behaviors (e.g. SI/HI and self-harm);
- assess youth for service and appropriate level of care needs;
- assist youth in demonstrating improved impulse control, emotional regulation, and stress management; and
- reduce or prevent recidivism and re-hospitalization.

#### **Program Philosophies:**

San Diego Center for Children, as a comprehensive behavioral health, educational, and social services organization, believes that all children and families deserve to live joyful, healthy lives; and the best place for a child or youth is with a loving and supportive family. As a long-standing provider within San Diego County, SDCC is closely connected to all partners of San Diego County's CYFSOC, and SDCC upholds the CYFSOC principles and values in all we do. These values and principles support a philosophy that ensures services provided by SDCC are:

- Collaborative and integrated with families/youth, public agencies, external providers, and education.
- Trauma informed and culturally relevant by training our staff continuously on the importance of providing youth and families with culturally competent and trauma informed environments and services and how we do that.
- Youth guided, and family driven, by involving youth and families in every aspect of treatment and ensuring their voice and choice is always represented.
- Individualized and strength based through the development of treatment plans that meet each youth's individual needs and highlights their strengths and builds on them.
- Community based by offering services in the communities in which are youth and families live and in their homes.
- Outcome driven by measuring and evaluating outcomes and using the results to improve practices.

## **B. ADMINISTRATIVE ORGANIZATION**

**Describe the facility's administrative organization that includes the following:**

- 1. Job description of all positions (including the number of employed staff, volunteers, and peer partners) and their respective classifications, qualifications, and duties.** ILS § 87022(c)(3)(A)
- 2. Information regarding lines of authority and staff responsibilities.** ILS § 87022(c)(3)(B)
  - Please refer to job descriptions on the following pages for each SDCC employee included in the SDCC STRTP organizational chart and their respective classifications, qualifications, duties, and lines of authority and staff responsibilities.
  - Please also refer to Section B.8 on pg. 31 for the SDCC STRTP organizational chart, which clearly illustrates the SDCC STRTP lines of authority and the number of employed staff.
  - The SDCC STRTP does not anticipate using volunteers based on the volunteer requirements set forth in current STRTP Licensing Standards.

### **Duties**

- Provide ongoing assessment of program to implement and/or refine program and clinical services to meet all regulatory requirements and accreditation standards.
- Ensure all core services and supports are provided and per licensing, contractual, and accreditation requirements.
- Responsible for understanding and adhering to all contracts in place for residential youth.
- Collaborate with other professionals at the agency to develop new programs to increase census.
- Represent the SDCC at local events that will increase visibility of services offered.
- Support the quality improvement process to ensure that each case is receiving quality treatment.
- Monitor clinical documentation (i.e. treatment plans, therapy notes) to ensure each case is receiving quality treatment and documentation complies with all applicable regulations and accreditation standards.
- Provide leadership to all program staff.
- Facilitate open communication between multidisciplinary clinical and administrative personnel within the program and within the organization.
- Confer with parents and other stakeholders regarding SDCC services and activities.
- Responsible for attending to, processing, and resolving grievances by parents, youths, or community members.
- Maintain personnel practices, train, provide supervision, disciplinary actions, and performance reviews for all direct reports.
- Provide 24 hour on-call consultation regarding operational issues and/or ensure coverage by a designated substitute who meets regulatory guidelines.
- Monitor and enhance the quality of the site's physical and therapeutic environment.
- Responsible for ensuring each program staff receives all required training.
- Monitor staff working conditions, morale, hours, and grievances.
- Review Quarterly Status Report and follow up on all issues identified within this report or on those requested by Contract Monitor, other payors, or their superiors within SDCC.
- Collaborate with SDCC Director of Finance to maintain fiscal surplus and resolve all fiscal issues in a timely manner, such as billing issues, cost management, procurement issues, administrative adjustments, and support data cost reports.
- Fulfill all training requirements (Group Home Administrator, SPA, CPR/First Aid, applicable EBP training, etc.).
- Perform special projects, assignments and other related duties as required.
- Immediately report any unsafe acts, conditions, or accidents to immediate supervisor.

### **Minimum Qualifications**

- Must be a licensed clinician (MFT, LCSW, or PhD) with two years' post-licensure
- A demonstrated ability to work effectively in a therapeutic setting.
- A minimum of seven years clinical experience post masters working in a residential treatment setting and/or with Severely Emotionally Disturbed youth is preferred.
- A minimum of four years of experience in supervision/management, clinical training, and leadership.
- Must be 21 years of age or older.
- Must have a valid California Driver's License.

### **Special Skills Needed and Preferred Qualifications**

- Knowledge of and experience implementing applicable Evidence Based Practices is preferred.
- Clinical experience in substance use prevention/treatment, suicidal ideation, and intervention and safety protocols is preferred.
- Analytical and Language Skills: ability to read, analyze, and interpret medical records, journals, reports, and legal documents; ability to respond to common inquiries or complaints from customers, regulatory agencies, or members of the business community; ability to effectively present information to management and public groups.

### **Lines of Authority & Staff Responsibilities**

- Reports to SDCC's Vice President of Clinical Operations.
- Directly supervises the STRTP Managers (Children/Preteen and Adolescent), Nurse Manager, Recreation Manager, (and all other managers as so defined in the STRTP organizational chart).
- Carries out supervisory responsibilities in accordance with organization's policies, and applicable laws. Responsibilities include interviewing, hiring, and training employees; planning, assigning, and directing work; appraising performance; rewarding and disciplining employees; addressing complaints and resolving problems.

## **Short Term Residential Therapeutic Program Manager**

---

### **Duties**

- Maintain ongoing familiarity with regulatory updates that may impact the clinical and operational service structure for the SDCC STRTP and collaborate effectively with all departments and staff members and disciplines to align the service structure with all applicable regulatory agency and accreditation standards.
- Assist SDCC's Sr. Director of Campus Programs in ensuring all core services and supports are provided and per licensing, contractual, and accreditation requirements.
- Maintain clear documentation and records regarding regulatory agency issues, communication, and follow up.
- Maintain ongoing collaborative relationships with regulatory agency representatives.
- Facilitate successful completion of regulatory agency reviews.
- Ensure timely follow up with plans of correction, complaints, or other compliance issues identified by Community Care Licensing representatives and anticipate & discuss potential licensing problems ahead of time wherever possible.
- Maintain a presence on the SDCC STRTP campus for the number of hours necessary to ensure the Program is functioning in compliance with applicable regulations.
- Provide 24 hour on-call consultation regarding operational issues and/or ensure coverage by a designated substitute who meets regulatory guidelines when absent or unavailable and assure appropriate program staff response to the facility within 15 min and in-person leadership response within 30 minutes for emergency situations.
- Ensure coverage by a facility manager as outlined in Title 22 regulations when absent and all times when youth are present.
- Ensure a staff oversees the planned activity program, and that the activity/program schedule is maintained, up to date, and followed by facility employees.
- Assist in the development and implementation of an effective Counselor training program that meets regulatory standards.
- Collaborate with SDCC's Quality Assurance Director to establish systems for evaluation and improvement.
- Hire, lead, and maintain a cadre of Counselors consistent with SDCC's mission, values, and service needs.
- Attend all required meetings (Group Home Administrators' Meeting, County meetings, etc.).
- Fulfill all training requirements (SPA, CPR/First Aid, applicable EBP training, etc.).
- Perform special projects, assignments and other related duties as required.
- Immediately report any unsafe acts, conditions, or accidents to immediate supervisor.

### **Minimum Qualifications**

- Must be a licensed clinician (MFT, LCSW, or PhD) in the State of CA.
- Minimum of three years direct clinical experience working with adolescents.
- Demonstrated experience in supervision/management, clinical training, leadership, and a demonstrated ability to work effectively in a multidisciplinary setting.
- Must be 21 years of age or older.
- Must have a valid California Driver's License.

### **Special Skills Needed and Preferred Qualifications**

- Two years post licensure is preferred.
- Knowledge of and experience implementing applicable Evidence Based Practices is preferred.
- Clinical experience in substance use prevention/treatment, suicidal ideation, and intervention and safety protocols is preferred.
- Analytical and Language Skills: ability to read, analyze, and interpret medical records, journals, reports, and legal documents; ability to respond to common inquiries or complaints from customers, regulatory agencies, or members of the business community; ability to effectively present information to management and public groups.

### **Lines of Authority & Staff Responsibilities**

- Reports to SDCC's Director of Residential Programs.
- Directly supervises SDCC STRTP staff (e.g. Therapists, Life Skills Program Manager, Clinical Training Specialist, Clinical Supervisor, and Administrative Assistant)
- Carries out supervisory responsibilities in accordance with the organization's policies and applicable laws. Responsibilities include interviewing, hiring, and training employees; planning, assigning, and directing work; appraising performance; motivating, rewarding and disciplining employees; addressing complaints and resolving problems.

## **Clinical Supervisor**

---

### **Duties**

- Provide consultation and direction for individual treatment, therapy groups, family therapy, parent and youth education, and multifamily therapy groups if applicable.
- Provide weekly, clinically appropriate, individual and group supervision to license eligible therapists and trainees.
- Provide professional development to licensed therapists with a frequency of at least monthly for quality assurance purposes.
- Monitor all required clinical documentation to ensure each case is receiving quality treatment and all documentation complies with San Diego County CWS, Medi-Cal (BHS-CYF), Joint Commission, CCL, and SDCC requirements.
- Provide oversight for internal medical records reviews and peer reviews and assist in external audit preparation.
- Conduct ongoing reviews of medical records, including serious incident reports.
- Collaborate with the Senior Director of Campus Programs on all components of quality improvement and programming
- Develop and provide quality training as assigned.
- Fulfill all training requirements (SPA, CPR/First Aid, applicable EBP training, etc.).
- Actively participate in meetings when assigned and as back-up when needed (e.g. Treatment Team/CFT, School and IEP meetings).
- Assist in interviewing candidates for various program positions.
- Provide orientation to new trainees and clinicians.
- Submit all required reports/data according to specified timelines.
- Attend all required meetings and trainings and professionally represent SDCC.
- Promote positive program identity within SDCC, and the San Diego community.
- Provide crisis intervention and be available to work in the program as needed.
- Facilitate open communication between multidisciplinary clinical and administrative personnel.
- Provide direct services for youth and carry cases when necessary.
- Maintain licensure and fulfill all necessary licensure requirements to maintain clinical supervisor status.
- Perform special projects, assignments and other related duties as required.
- Immediately report any unsafe acts, conditions, or accidents to immediate supervisor.

### **Minimum Qualifications**

- Must be a licensed clinician (MFT, LCSW, or PhD) in the state of California; and licensed for at least two years.
- Minimum of three years direct clinical experience working with children and/or adolescents.
- Minimum of four years related experience working in a residential treatment environment and/or with Severely Emotionally Disturbed youth.
- Demonstrated experience in clinical supervision, experience in providing clinical training and leadership, and the ability to work effectively in a clinical setting.
- Must be 21 years of age or older.
- Must have a valid California Driver's License.

### **Special Skills Needed and Preferred Qualifications**

- Knowledge of and experience implementing applicable Evidence Based Practices is preferred.
- Clinical experience in substance use prevention/treatment, suicidal ideation, and intervention and safety protocols is preferred.
- Analytical and Language Skills: ability to read, analyze, and interpret medical records, journals, reports, and legal documents; ability to respond to common inquiries or complaints from customers, regulatory agencies, or members of the business community; ability to effectively present information to management and public groups.

### **Lines of Authority & Staff Responsibilities**

- Reports to the Program Manager.
- The Clinical Supervisor directly supervises assigned Program Therapists.
- The Clinical Supervisor will provide professional clinical supervision per BBS/BOP regulations for trainees and pre-licensed clinicians. Trainees (non-employees) will report directly to the clinical supervisor.



## **Clinical & Assessment Services Manager**

---

### **Duties**

- Provide oversight of the annual clinician training plan, including providing training, tracking and scheduling/organizing, with emphasis on Evidence Based and Informed Practices.
- Provide clinical consultation to the Clinical Supervisor/s to ensure quality supervision, clinical care and training.
- Supervise Clinicians, Trainees, Interns, Fellows and other identified clinical students in the programs.
- Develop and evaluate programming for mental health services, including therapy group curriculum implementation.
- Maintain licensure and fulfill all necessary requirements with the BBS or Board of Psychology to maintain clinical supervisor status and continue to develop clinical supervisor skills.
- Ensure all residential clinical supervisors meet requirements of Board of Behavioral Sciences and Board of Psychology to supervise registration hours for interns and others as appropriate.
- Monitor quality of therapy provided to youth and be available to clinicians as needed or in response to challenging cases/events.
- Oversight of the Behavioral Health Assessment Program:
  - Provides administrative and clinical leadership to behavioral health assessment services for the SDCC STRTP to support quality diagnostic evaluations in support of treatment planning and intervention
  - Purchase and oversee program materials including testing resources and supplies
  - Recruit doctoral trainees (students, interns and postdoctoral fellows) on annual basis to provide assessment services
  - Provide necessary training and supervision of all trainees and staff providing assessment service including didactics, direct observation, mentoring, review and feedback on assessment process and report writing; Provide written evaluations to training programs as required
  - Review and sign off on all written assessment reports as the licensed clinician responsible for the report
  - Provide direct assessment and intervention services as necessary within SDCC
- Collaborate with the Sr. Director and STRTP Managers on all components of quality improvement and quality programming and provides ongoing review and evaluation of program to implement and/or refine optimal level of clinical service including expansion of training program and / or assessment services across the agency.
- Support QI process to ensure youth are receiving quality care and ensure compliance with government regulations, Medi-Cal, Joint Commission, SDCC policies and BHS-CYF requirements.
- Facilitate open communication between multidisciplinary clinical and administrative personnel.
- Support SDCC quality care and safety initiatives via participation in committees, workgroups, trainings and leadership activities.
- Fulfill all training requirements (SPA, CPR/First Aid, applicable EBP training, etc.).
- Perform special projects and other related duties as assigned.
- Immediately report any unsafe acts, conditions, or accidents to immediate supervisor.

### **Minimum Qualifications**

- Must be a licensed Clinical Psychologist in the state of California
- Completion of postdoctoral training with emphasis on children and adolescent psychodiagnostic assessment and intervention
- A doctoral degree in psychology from APA accredited institution
- Must have a minimum of three years direct clinical experience working with children and/or adolescents.
- Must have demonstrated experience in clinical supervision, experience in providing clinical training and leadership, and the ability to work effectively in a clinical setting.
- Must be 21 years of age or older.
- Must have a valid California Driver's License.

### **Special Skills Needed and Preferred Qualifications**

- Four years related residential treatment care or special education experience is preferred.
- Experience with the following is preferred: neuropsychological evaluation; substance use disorders and interventions; family therapy modalities; and suicide risk evaluation and intervention.
- Analytical and Language Skills: ability to read, analyze, and interpret medical records, journals, and reports; ability to respond to common inquiries or complaints from customers, regulatory agencies, or members of the business community; ability to effectively present information to management.

### **Lines of Authority & Staff Responsibilities**

- Reports to the Director of Residential Programs.
- Directly supervises the Assessment Postdoctoral Fellow and psychology trainees.
- Carries out supervisory responsibilities in accordance with the organization's policies and applicable laws. Responsibilities include interviewing, hiring, and training employees; planning, assigning, and directing work; appraising performance; motivating, rewarding and disciplining employees; addressing complaints and resolving problems.



## **Assessment Postdoctoral Fellow**

---

### **Duties**

- Assist Clinical and Assessment Services Manager in the daily operations of the Behavioral Health Assessment Program and/or other clinical services of SDCC.
- Provide direct psychological assessment services to youth in residential care or other SDCC Programs.
- Maintain organization of program materials including testing resources and supplies.
- Assist Clinical and Assessment Services Manager in training and supervision of doctoral students providing assessment service including didactics, direct observation, mentoring, review and feedback on assessment process and report writing.
- Provide routine feedback to all stakeholders regarding assessment outcomes (treatment teams, youth, families, community support providers, SDCC Directors and Outcomes Analyst).
- Collaborate with Intake and Care Coordinators in support of new admissions.
- Collaborate with SDCC Outcomes Analyst to evaluate individual and aggregate data for the benefit of program improvement.
- Provide direct clinical service (therapy, case management) to residential youth or youth in other SDCC services as assigned.
- Provide supplemental assessment supervision to doctoral students assigned to the Behavioral Health Assessment Program under the supervision of a licensed clinician.
- Provide training and informal feedback in collaboration with Clinical and Assessment Services Manager.
- Meet all requirements of California Board of Psychology as a Registered Psychologist or Psychological Assistant.
- Fulfill all training requirements (SPA, CPR/First Aid, applicable EBP training, etc.).
- Perform special projects and other related duties as assigned.
- Immediately report any unsafe acts, conditions, or accidents to immediate supervisor.

### **Minimum Qualifications**

- Doctoral degree in Clinical Psychology is required from APA-accredited institution; must have completed APA-accredited internship.
- Must be registered with the Board of Psychology as a Psychological Assistant or Registered Psychologist.
- Must have two years of relevant experience in clinical and/or assessment practice with children, adolescents, families during graduate training.
- Must be 21 years of age or older.
- Must have a valid California Driver's License.

### **Special Skills Needed and Preferred Qualifications**

- Analytical and Language Skills: ability to read, analyze, and interpret medical records, journals, and reports; ability to respond to common inquiries or complaints from customers, regulatory agencies, or members of the business community; ability to effectively present information to management.

### **Lines of Authority & Staff Responsibilities**

- Reports to the Clinical and Assessment Services Manager.
- No supervisory responsibilities.

## **Program Therapist**

---

### **Duties**

- Accept screened intake assignments and complete intake assessments (psychosocial history) and general orientation of youth and family to the program and services.
- Provide a full range diagnostic and brief treatment mental health services including: assessment, evaluation, plan development, collateral, individual/group/family therapy, crisis intervention, and case management services
- Function as the primary individual therapist and family therapist for all assigned cases.
- Provide group therapy, specialty group therapy, parent education, and multi-family group therapy as assigned
- Participate in Program Therapist on-call rotation as assigned by supervisor.
- Maintain accurate, complete, and timely treatment documentation per applicable agency requirements and agency policies.
- When appropriate, maintain open communication with County Case Managers and insurance case managers regarding the treatment progress/status of assigned cases.
- Write quarterly reports, treatment summaries, letters of appeal, waiver, extension, etc. as deemed appropriate by the treatment team/CFT and referring agencies.
- Maintain clear and open communication between multidisciplinary staff.
- Formulate, monitor, and revise comprehensive treatment plans, which address specific short term and long-term goals based on assessments and input from the multidisciplinary treatment team/CFT and school staff.
- Coordinate and ensure implementation of the treatment plan.
- Participate in, and coordinate as assigned, treatment team/CFT meetings, IEP meetings, Wraparound meetings, staff meetings, in-services, and other meetings as assigned.
- Monitor progress and behavior of assigned youth through regular communication with program staff.
- Meet regularly with individual youth and families for continuing assessment and for crisis intervention, and conduct clinical assessment of youth to implement special treatment procedures.
- Develop clinical and behavioral contracts to address youth challenges and provide effective treatment interventions to staff.
- Makes referrals to other agencies/professionals as identified to meet the needs of the youth and family.
- Coordinate treatment with outside resources as deemed appropriate by the treatment team/CFT.
- Provide follow-up and aftercare services as needed.
- Provide consultative supervision of Counselors.
- Must be available to work weekends and evenings as assigned by supervisor and/or as clinically needed.
- Fulfill all training requirements (SPA, CPR/First Aid, applicable EBP training, etc.).
- Perform special projects and other related duties as assigned.
- Immediately report any unsafe acts, conditions, or accidents to immediate supervisor.

### **Minimum Qualifications**

- Must have a Master's Degree from an accredited or state approved graduate school, as defined by the Department of Education, in social work or social welfare, marriage, family and child counseling, child psychology, child development, counseling psychology or social psychology.
- Must be a licensed clinician or license eligible in social work (LCSW) or psychology (PhD), or marriage and family therapy (MFT).
- Must meet all coursework requirements as stated in current STRTP Licensing Standards.
- Training/experience in serving adolescents and families and knowledge of basic case management skills.
- Demonstrated experience in clinical training and the ability to work effectively in a multidisciplinary setting.
- Must be 21 years of age or older.
- Must have a valid California Driver's License.

### **Special Skills Needed and Preferred Qualifications**

- Knowledge of and experience implementing applicable Evidence Based Practices is preferred.
- Clinical experience in substance use prevention/treatment, suicidal ideation, and intervention and safety protocols is preferred.
- Analytical and Language Skills: ability to read, analyze, and interpret medical records, journals, and reports; ability to respond to common inquiries or complaints from customers, regulatory agencies, or members of the business community; ability to effectively present information to management.

### **Lines of Authority & Staff Responsibilities**

- Reports to the Program Manager or Clinical Supervisor.
- Program Therapists have no formal supervisory responsibilities; with SDCC privileging, Program Therapists may provide supervision of student interns

## **Community Engagement Coordinator**

---

### **Duties**

- Provide case management, rehabilitation and other services, with the goal of supporting youth in community engagement.
- Communicate with Intake Department staff, Managers and therapists to identify youth in need of community resources.
- Serve as part of CFT or treatment team for identified youth.
- Assist families and transitional age youth in establishing connections with community resources.
- Assist families and youth in developing strategies and finding resources to sustain identified resources.
- Follow-up with caregivers and youth post discharge and collects outcome data.
- Enter data into reports and submit reports to the Sr. Director of Campus Programs.
- Identify resources in the community (e.g. transportation, financial, recreation programs, sports leagues, community outreach programs, family advocacy programs, and others) and make appropriate referrals to support youth and families as deemed appropriate by the treatment team/CFT.
- Assist the Intake and Outreach Department with STAR, insurance, and discharging youth on assessment and planning for community resources prior to transition out of the residential program.
- Work closely with SDCC's Development Department on community partnerships, special events, and holidays as needed.
- Serve as a liaison for residential in relation to community partners connected through SDCC's Development Department.
- Communicate with development on community partnerships for stewardship events, donor relationship building, and creative ideas for growing in kind and non-restricted gifts.
- Collaborate with Wraparound, and other providers as needed, for transition of youth in and out of residential programs.
- Provide social services when appropriate, which may include but not be limited to, family finding, coordination of family involvement, coordination of treatment team/CFT meetings, outcomes reporting, and transition planning.
- Maintain accurate, complete, and timely treatment documentation per applicable agency requirements and agency policies.
- Engage in professional conduct and abide by all SDCC policies and procedures.
- Maintain ongoing clear and open communication between multidisciplinary clinical staff, leadership team, and administrative personnel within the program.
- Develop and coordinate the implementation of documentation systems for new initiatives (e.g. outcomes collection and reporting) and complete all assigned documentation in a timely manner.
- Fulfill all training requirements (SPA, CPR/First Aid, applicable EBP training, etc.).
- Perform special projects, assignments and other related duties as required.
- Immediately report any unsafe acts, conditions, or accidents to immediate supervisor.

### **Minimum Qualifications**

- Must possess a Bachelor's degree, or equivalent combination of education and experience.
- Demonstrated experience in clinical training and the ability to work effectively in a multidisciplinary setting.
- Must be 21 years of age or older.
- Must have a valid California Driver's License.

### **Special Skills Needed and Preferred Qualifications**

- Bilingual (Spanish/English) preferred.
- Experience in trauma informed care, with suicidal ideation, and with intervention and safety protocols is preferred.
- Residential treatment care or special education experience is preferred.
- Social work experience in the foster care and child welfare system of care is preferred.
- Analytical and Language Skills: ability to read, analyze, and interpret medical records, journals, and reports; ability to respond to common inquiries or complaints from customers, regulatory agencies, or members of the business community; ability to effectively present information to management.

### **Lines of Authority & Staff Responsibilities**

- Reports to the Recreation Services Manager.
- No supervisory responsibilities.

## **Intake/Outreach Manager**

---

### **Duties**

- Oversight of department responsibilities and personnel, including Intake & Care Coordinators. At times, the department may accept students from universities and the Manager will provide oversight for students accepted into the SDCC learning program. Duties outlined below may be performed by the manager or delegated to department personnel and/or students.
- Screen and document all referrals and inquiries for admission to residential and day rehab programs.
- Gather and review reports (with signed release of information) from referring agencies and conduct interviews as part of the comprehensive screening process.
- Provide assessment, evaluation, plan development, and collateral services.
- Provide general orientation of child and family to the program by providing tours, family handbooks, and answering questions; or refer to the appropriate staff member when indicated to ensure potential youth and their families feel welcome and informed.
- Maintain knowledge of mental health services and refer inappropriate cases to other facilities or providers as needed.
- Maintain records on all referrals and dispositions and maintain a wait list when necessary.
- Ensure all offers of admission have been approved by the applicable SDCC STRTP Manager and meet all contract requirements.
- Ensure admissions to various programs are consistent with regulatory requirements, contract requirements, and the policies and procedures of San Diego Center for Children.
- Ensure appropriate authorizations are requested and obtained for admission as consistent with county and contract requirements, and insurance requirements when indicated.
- Communicate with program staff pertinent information for a smooth transition into their temporary home.
- Maintain accurate, timely, and complete case records per Medi-Cal requirements and SDCC policies and procedures.
- Establish and maintain excellent collaborative relationships with family members, caregivers, referral sources, school districts and any other agency or person affiliated with the intake and admissions process.
- Facilitate a weekly census meeting to report on status of open referrals, upcoming transitions and other pertinent information (e.g. referral sources).
- Travel and represent the SDCC in promoting community relations through educational presentations or outreach programs in the community and areas in which we provide treatment services.
- Coordinate enrollment to school in a timely manner.
- Provide or oversee outreach efforts, including communication with referral sources on services provided, building and maintaining positive working relationships and identifying new referral sources.
- Provide assistance and oversight in conjunction with the contracts committee on negotiating and implementation of new contracts and assisting with contract renewals as needed.
- Fulfill all training requirements (SPA, CPR/First Aid, applicable EBP training, etc.).
- Perform special projects, assignments and other related duties as required.
- Immediately report any unsafe acts, conditions, or accidents to immediate supervisor.

### **Minimum Qualifications**

- Must have a Master's degree from an accredited university in social work, marriage and family therapy, or a related field.
- Training/experience serving adolescents and families, and knowledge of basic case management skills.
- Demonstrated experience in clinical training and the ability to work effectively in a multidisciplinary setting.
- Must be 21 years of age or older.
- Must have a valid California Driver's License.

### **Special Skills Needed and Preferred Qualifications**

- Four years of related residential treatment care or special education experience, and supervisory experience is preferred.
- Knowledge of and experience implementing applicable Evidence Based Practices is preferred.
- Social work experience in the foster care and child welfare system of care is preferred.
- Analytical and Language Skills: ability to read, analyze, and interpret medical records, journals, and reports; ability to respond to common inquiries or complaints from customers, regulatory agencies, or members of the business community; ability to effectively present information to management.

### **Lines of Authority & Staff Responsibilities**

- Reports to the Director of Residential Programs.
- Directly supervises Intake and Care Coordinators.
- Carries out supervisory responsibilities in accordance with the organization's policies and applicable laws. Responsibilities include interviewing and training employees, planning, assigning and directing work, appraising performance, addressing complaints and resolving problems.

### **Duties**

- Assist the Intake/Outreach Manager with providing pertinent information to the assigned therapist and staff.
- Provide assessment, evaluation, plan development, collateral, and intensive case management services.
- Manage and update weekly pass list as assigned to include departure/return date, pass location, and pass contact information.
- Contact parents/caregivers/authorized representatives, Placing Agency Representatives, and outside treatment team/CFT members regarding treatment team/CFT schedule.
- Facilitate CFT meetings for assigned youth (typically for youth placed in the STAR Program).
- Ensure progress notes are completed as needed.
- Identify resources in the community (TBS, Wraparound Services, community outreach programs, family advocacy programs, etc.) and make appropriate referrals to other agencies and professionals to provide support to youth and families as deemed appropriate by the therapist and treatment team/CFT.
- Collaborate with school personnel to include attending monthly collaboration school meetings, participation in Individualized Education Plan meetings, and ongoing communication with teachers regarding grades, permission slips, and classroom concerns.
- Provide social services as needed which may include, but not limited to family finding, crisis stabilization, caregiver support groups and trainings, coordination of family involvement, coordination of Child and Family Team meetings, multi-family therapeutic groups, outcomes reporting and transition planning.
- Maintain accurate, timely, and complete case records per Medi-Cal requirements and SDCC policies and procedures.
- Engage in professional conduct and abides by all SDCC policies and procedures.
- May be assigned a caseload as the primary individual and family therapist and facilitate therapeutic services within individual, family, group, and conjoint modalities.
- Provide group therapy and/or specialty group therapy as required by program.
- Provide parent education and multi-family group therapy as assigned.
- Maintain ongoing clear and open communication between multidisciplinary clinical staff, leadership team, and administrative personnel within the program.
- Develop and coordinate the implementation of a comprehensive treatment plan, which addresses specific short term and long-term goals for the child and family, based on assessments and input from the multidisciplinary treatment team/CFT including on and offsite school staff (when indicated).
- Produce written assessments with recommendations for level of care and treatment services for STAR youth.
- Fulfill all training requirements (SPA, CPR/First Aid, applicable EBP training, etc.).
- Perform special projects, assignments and other related duties as required.
- Immediately report any unsafe acts, conditions, or accidents to immediate supervisor.

### **Minimum Qualifications**

- Must have a Master's Degree from an accredited or state approved graduate school, as defined by the Department of Education, in social work or social welfare, marriage, family and child counseling, child psychology, child development, counseling psychology or social psychology.
- Training/experience in adolescents and families and knowledge of basic case management skills.
- Demonstrated experience in clinical training and the ability to work effectively in a multidisciplinary setting.
- Must be 21 years of age or older.
- Must have a valid California Driver's License.

### **Special Skills Needed and Preferred Qualifications**

- Bilingual (Spanish/English) is preferred.
- Licensed as a clinician or license eligible in social work (LCSW) or psychology (PhD), or marriage and family therapy (MFT) is preferred.
- Knowledge of and experience implementing applicable Evidence Based Practices is preferred.
- Clinical experience in substance use prevention/treatment, suicidal ideation, and intervention and safety protocols is preferred.
- Social work experience in the foster care and child welfare system of care is preferred.
- Analytical and Language Skills: ability to read, analyze, and interpret medical records, journals, and reports; ability to respond to common inquiries or complaints from customers, regulatory agencies, or members of the business community; ability to effectively present information to management.

### **Lines of Authority & Staff Responsibilities**

- Reports to the Intake and Outreach Manager.
- No supervisory responsibilities.

### **Duties**

- Provide case management, rehabilitation and other services, with the goal of supporting youth in their transition to independence.
- Provide leadership in a manner that ensures the safe and therapeutic functioning of the program and creates a positive environment for all staff to carry out job duties.
- Ensure that all youth have a formal life skills assessment and utilize results to identify target career opportunities and areas in skills assessment that need to be improved.
- Provide leadership in helping youth develop daily living skills to help them transition to independent living programs, return home, or step down to a lower level of care.
- Develop curriculum/activities and facilitate life skills groups.
- Develop and deliver specialized training on life skills education and transition services to youth and staff.
- Develop a network of community resources to provide youth with employment and continuing education opportunities.
- Assist youth who qualify in obtaining off-campus internships and certification in the following: 1) CPR Certification, 2) First Aid Certification, and 3) Food Handlers Certification.
- Ensure all youth who qualify, obtain drivers education, take the written portion of their driver's permit (upon parent/therapist permission), and obtain a valid CA Identification Card from the DMV.
- Attend multidisciplinary treatment team/CFT meetings, TDMs and/or IEPs to ensure the youth's Life Skills Plan/Transitional Independent Living Plan is incorporated their treatment goals and provide updates on Life Skills progress and competency.
- Assist SDCC STRTP Manager for Adolescent Services in assessing training and supervisory needs of youth and/or Counselors.
- Maintain clear, effective, and open communication between multidisciplinary clinical staff and administrative personnel, and within and between SDCC programs.
- Maintain accurate, timely, and complete case records per Medi-Cal requirements and SDCC policies and procedures.
- Identify, prioritize, and facilitate ongoing quality improvement of the Life Skills Program.
- Disseminate important information to all staff and ensure that important procedures are documented.
- Present information on the Life Skills Program to other providers and stakeholders as needed.
- Fulfill all training requirements (SPA, CPR/First Aid, etc.).
- Perform special projects and other related duties as assigned.
- Immediately report any unsafe acts, conditions, or accidents to immediate supervisor.

### **Special Skills Needed and Preferred Qualifications**

- Must possess a Bachelor's degree, or equivalent combination of education and experience.
- Minimum of three years of experience working with adolescents.
- Experience in curriculum development (life skills curriculum development preferred) and the ability develop and conduct trainings.
- Must be 21 years of age or older.
- Must have a valid California Driver's License.

### **Special Skills Needed and Preferred Qualifications**

- Experience working in a residential or inpatient treatment setting is preferred.
- Analytical and Language Skills: ability to read, analyze, and interpret reports; ability to respond to common inquiries or complaints from customers, regulatory agencies, or members of the business community; ability to effectively present information to management.

### **Lines of Authority & Staff Responsibilities**

- Reports to the SDCC Program Manager for Adolescent Services.
- Directly supervises the Life Skills Program Coordinator.
- Carries out supervisory responsibilities in accordance with the organization's policies and applicable laws. Responsibilities include interviewing and training employees, planning, assigning and directing work, appraising performance, addressing complaints and resolving problems.



### **Duties**

- Provide case management, rehabilitation and other services, with the goal of supporting youth in their transition to independence.
- Provide weekly progress reports to Life Skills Program Manager on the progress of assigned youth for use in treatment team/CFT, Wraparound Team, and IEP Team meetings.
- Assist Life Skills Program Manager in facilitating Life Skills Groups and outings.
- Provide close supervision and skills-building activities to youth while on campus and in the community.
- Develop formal/informal support networks and resources for youth/families in the communities in which they reside.
- Maintain and provide accurate, timely, and complete progress notes to the Life Skills Program Manager on a weekly basis, per regulatory agency requirements.
- Maintain clear, effective, and open communication between multidisciplinary clinical staff and administrative personnel, and within and between SDCC programs.
- Maintain accurate, timely, and complete case records per Medi-Cal requirements and SDCC policies and procedures.
- Utilize supervision, consultation, and training as necessary to provide high quality services to youth in an effective manner.
- Demonstrate an understanding of confidentiality policies and mandated reporting situations.
- Work evening and weekend hours as needed and be on-call as needed.
- Fulfill all training requirements (SPA, CPR/First Aid, etc.).
- Perform special projects and other related duties as assigned.
- Immediately report any unsafe acts, conditions, or accidents to immediate supervisor.

### **Special Skills Needed and Preferred Qualifications**

- Must possess a High School diploma or GED.
- Must be 21 years of age or older.
- Must have a valid California Driver's License.

### **Special Skills Needed and Preferred Qualifications**

- Experience in providing services to transitional age youth is preferred.
- Excellent written and verbal communication skills, an understanding of children's mental health issues, and the ability to work effectively in a multidisciplinary team.

### **Lines of Authority & Staff Responsibilities**

- Reports to the Life Skills Program Manager.
- No supervisory responsibilities.

### **Duties**

- Responsible for all aspects of residential training, including writing and conducting trainings, ensuring training quality by observing other trainers and scheduling trainers as needed.
- Maintain a training calendar and effectively communicate to staff.
- For all trainings ensure a training sign-in sheet is presented to attendees and an evaluation sheet is presented at the conclusion of each training. Submit sign-in and evaluation sheets to QA department for tracking.
- Review the “Overdue and Upcoming Training” report to identify and schedule staff in trainings.
  - Work with Shift Supervisors and/or SDCC STRTP Supervisors on scheduling Counselors for training considering their shift with youth.
  - Work with Counselors on meeting training deadlines that would pull them off the schedule (e.g. SPA, CPR and First Aid)
- Oversee tracking of trainings, including participant attendance and mandated training requirements.
- Provide onboarding with residential Counselors, including but not limited to: SPA, initial Counselor training, intervention toolbox, curriculum development and coordination of Shadowing/Mentoring.
- Work with Sr. Director, STRTP Managers, and Clinical Supervisor in developing and implementing annual training calendar for SDCC STRTP staff, ensuring requirements of CCL, CA Alliance, Joint Commission and other oversight entities are met.
- Work closely with Sr. Director, STRTP Managers, and Clinical Supervisor in ensuring trainings provided to staff meet current programmatic needs and regulatory, licensing, and accreditation requirements.
- Seek, assist and collaborate with all SDCC programs and departments for shared training opportunities.
- Ability to effectively develop, organize and present information to management employees, and public groups.
- Fulfill all training requirements (SPA, CPR/First Aid, etc.).
- Perform special projects, assignments and other related duties as required.
- Immediately report any unsafe acts, conditions or accidents in their department and or organization to immediate supervisor.

### **Minimum Qualifications**

- Must possess a Bachelor’s degree, or equivalent combination of education and experience.
- Minimum of two years’ experience working in a residential treatment care setting and/or with Severely Emotionally Disturbed youth.
- Must be 21 years of age or older.
- Must have a valid California Driver’s License.

### **Special Skills Needed and Preferred Qualifications**

- Excellent written and verbal communication skills, an understanding of children’s mental health issues, and the ability to work effectively in a multidisciplinary team.

### **Lines of Authority & Staff Responsibilities**

- Reports to the Operations Manager.
- No supervisory responsibilities.

### **Duties**

- Provide leadership and supervision to Shift Supervisors and Training Specialist in a manner that ensures the safe and therapeutic functioning of the SDCC STRTP and creates a positive environment.
- Work with Shift Supervisors to oversee and ensure 24-hour staff coverage.
- Maintain communication with SDCC STRTP Managers on scheduling vacancies and ensure overtime hours are kept to a minimum.
- Oversee scheduling to ensure the proper ratios are in effect and safety of youth.
- Ensure Counselor staffing is in accordance with SDCC policies and applicable regulations.
- Provide on-the-floor direct care to youth in emergency situations for staffing shortages and/or as part of training evaluation.
- Follow up on staff issues, concerns, or disciplinary problems and represent staff concerns at administrative meetings.
- Review Serious Incident Reports to ensure documentation complies with regulations and policies; provide feedback to staff regarding their interventions and interactions; debrief staff after an incident; train staff on proper documentation.
- Assist in organizing activities, special youth events, and volunteers.
- Ensure Shift Supervisors and Counselors maintain the physical plant in safe, clean and good working order.
- Ensure units conform to applicable policies and regulations.
- Coordinate physical plant or unit repair priorities with facilities maintenance staff.
- Ensure monthly safety checklists are completed and work orders submitted.
- Ensure Shift Supervisors and Counselors carry out individual treatment plans in accordance with SDCC policies.
- Ensure Shift Supervisors and Counselors maintain communication systems that facilitate a therapeutic program.
- Approve staff timesheets and ensure hours reflect actual time worked.
- Assist Sr. Director and SDCC STRTP Managers in the continuing development of an effective orientation program.
- Maintain orientation program and supplemental on-the-job training.
- Provide Shift Supervisors, SDCC STRTP Managers and Sr. Director with feedback regarding Counselors' work performance.
- Provide intervention, modeling, and informal assessment for youth and staff.
- Develop and aid in the implementation of crisis prevention planning with the SDCC STRTP clinical team.
- Develop and maintain written 24-hour on-call plan with the Sr. Director, SDCC STRTP Managers, and Clinical Supervisor.
- Assist Sr. Director in assessing training and supervisory needs of staff and assist in training development and scheduling.
- Attend multidisciplinary treatment team/CFT meetings and IEPs.
- Ensure staff have monthly supervision to address areas of success and areas in need of improvement
- Disseminate important information to staff and ensure that important procedures are documented.
- Fulfill all training requirements (SPA, CPR/First Aid, etc.).
- Perform special projects, assignments and other related duties as required.
- Immediately report any unsafe acts, conditions or accidents in their department and or organization to immediate supervisor.

### **Minimum Qualifications**

- Must possess a Bachelor's degree, or equivalent combination of education and experience.
- Minimum of four years of experience working in a residential treatment care setting and/or with Severely Emotionally Disturbed youth.
- Minimum of two years' supervisory experience.
- Must be 21 years of age or older.
- Must have a valid California Driver's License.

### **Special Skills Needed and Preferred Qualifications**

- Excellent written and verbal communication skills, an understanding of children's mental health issues, and the ability to work effectively in a multi-disciplinary team.

### **Lines of Authority & Staff Responsibilities**

- Reports to the Program Manager.
- Directly supervises Shift Supervisors and Training Specialists. Carry out supervisory responsibilities in accordance with the organization's policies and applicable laws. Responsibilities include interviewing, hiring, and training employees; planning, assigning, and directing work; appraising performance; motivating, rewarding and disciplining employees; addressing complaints and resolving problems.

### **Duties**

- Provide leadership and supervision to Counselor staff in a manner that ensures the safe and therapeutic functioning of the program and creates a positive environment.
- Ensure 24-hour coverage by scheduling Counselor staff into shifts, maintaining communication with other Shift Supervisors, and keeping overtime hours to a minimum.
- Ensure Counselor staffing is in accordance with applicable policies and regulations.
- Provide on-line direct care to youth in emergency situations for staffing shortages and as part of training evaluation.
- Follow up on staff issues, concerns, or disciplinary problems and represent staff concerns at administrative meetings.
- Review SIRS to ensure compliance with regulations and policies; provide feedback to staff regarding their interventions and interactions; debrief staff after an incident; and train staff on proper documentation.
- Assist in organizing activities, special youth events, and volunteers.
- Submit requisitions for supplies as needed for the unit.
- Oversee the distribution of youth allowances and maintain an accounting of all monies used by the unit.
- Ensure Counselors maintain the physical plant in safe, clean and good working order and per applicable policies and regulations.
- Ensure Counselors carry out individual treatment plans in accordance with SDCC policies.
- Ensure Counselors maintain communication systems that facilitate a therapeutic program.
- Ensure holiday program schedules are developed one month prior to school holidays, that Counselors follow the program schedule, and that the schedule is approved by the SDCC STRTP Manager before implementation.
- Approve Counselor timesheets and ensure hours reflect actual time worked.
- Assist in hiring Counselors by conducting interviews and coordinating work with human resources.
- Maintain ongoing staff orientation and supplemental on-the-job training.
- Provide supervisors with feedback and recommendations regarding Counselors' work performance.
- Provide Counselors feedback regarding work performance, and complete performance evaluations for assigned staff.
- Provide intervention, modeling and informal assessment for youth and staff.
- Develop and aid in crisis prevention planning with other Shift Supervisors or cottages needing assistance.
- Develop and maintain written 24-hour on-call plan with supervisors.
- Assist in assessing training and supervisory needs of Counselors.
- Identify, prioritize and facilitate ongoing quality improvement of the residential program.
- Disseminate important information to Counselors and ensure that important procedures are documented.
- Fulfill all training requirements (SPA, CPR/First Aid, etc.).
- Perform special projects, assignments and other related duties as required.
- Immediately report any unsafe acts, conditions or accidents in their department and or organization to immediate supervisor.

### **Minimum Qualifications**

- Must possess a Bachelor's degree, or equivalent combination of education and experience.
- Minimum of four years of experience working with adolescents in residential or inpatient treatment, or equivalent combination of education and experience.
- Must be 21 years of age or older.
- Must have a valid California Driver's License.

### **Special Skills Needed and Preferred Qualifications**

- Excellent written and verbal communication skills, an understanding of children's mental health issues, and the ability to work effectively in a multi-disciplinary team.

### **Lines of Authority & Staff Responsibilities**

- Reports to Operations Managers.
- Directly supervises the day-to-day work of assigned Counselors; carries out supervisory responsibilities in accordance with the organization's policies and applicable laws; and responsibilities include interviewing and training employees, planning, assigning and directing work, appraising performance, addressing complaints and resolving problems.

### **Duties**

- Supervision, protection, and care of children individually and in groups at all times.
- Assist youth in working with a group and in handling individual problems.
- Assist with the provision of, or access to, core services and supports, daily activities, and emotional/social supports, as needed
- Help youth decrease problem behavior through active problem solving and practicing of pro-social interactions.
- Establish positive relationships with youth in treatment; understand and follow patient rights guidelines.
- Engage youth in play, activities and interactions to foster the development of trusting therapeutic relationships.
- Intervene with escalated and/or assaultive youth in a manner which ensures the youth' dignity and self-respect.
- Demonstrate an understanding of child development and adolescent issues.
- Instruct, supervise, and participate with youth in maintaining a positive appearance and structure of their living space.
- Serve and supervise meals and snacks when designated.
- Monitor effects of youth' medication.
- Transport youth as needed and according to use of agency vehicle policy and procedures.
- Document clear and concise youth progress, including identification of the possible need for additional professional services and communication of such findings to the youth's assigned therapist, through the timely completion of assigned documentation
- Complete reports and documentation related to program operational functioning as assigned.
- Participate in facilitation of therapy groups, specialty groups, and parent education groups as assigned.
- Communicate regularly with classroom teachers regarding youth's progress.
- Communicate regularly with Program Therapists regarding any concerns of a youth's wellbeing.
- Participate in bi-weekly staff meetings and trainings as assigned.
- Report any issues to the facility manager on duty and make recommendations, as appropriate, to address identified problems.
- Maintain group and individual control in the therapeutic program.
- Help develop and maintain program structure, rules, discipline, limits for behavior, routines, level system, boundaries, and patient rights, and orient new youth to these elements of the program.
- Create a positive physical and emotional environment.
- Aide in the educational process covering self-help, social, and independent living skills; and in executing activity programs which are consistent with the treatment plan.
- Accept assignments to work in different cottages as needed.
- Engage in professional conduct and abide by all SDCC policies/procedures and employee manual guidelines.
- Fulfill all training requirements (SPA, CPR/First Aid, etc.).
- Perform special projects, assignments and other related duties as required to ensure the health and safety of youth in the facility.
- Immediately report any unsafe acts, conditions or accidents in their department and or organization to immediate supervisor.

### **Minimum Qualifications**

- Must possess a Bachelor's degree, or equivalent combination of education and experience.
- Must be 21 years of age or older.
- Must have a valid California Driver's License.

### **Special Skills Needed and Preferred Qualifications**

- Knowledge and understanding of the needs of children served in a children's residential setting.
- Skills and ability to engage and develop rapport with children who have various backgrounds.
- Skills and ability to provide consistency and behavioral limits through relationship-based interventions.
- Skills to communicate effectively with the ability to solve problems in a collaborative manner.
- Excellent written and verbal communication skills, an understanding of children's mental health issues, and the ability to work effectively in a multi-disciplinary team.

### **Lines of Authority & Staff Responsibilities**

- Reports to their assigned Shift Supervisor.
- No supervisory responsibilities.

## **Nurse Manager**

---

### **Duties**

- Provide administrative oversight of nursing staff, including nurses and medication technicians, and oversee departmental operations.
- Ensure nursing staff are properly oriented, trained, and meet all ongoing training requirements.
- Ensure nursing department delivers services per applicable policies, procedures, regulations, and accreditation standards.
- Update applicable organizational policies and procedures as needed to ensure alignment with current regulations and accreditation standards.
- Consult with Psychiatrists, Physicians, SDCC STRTP Managers, and Sr. Director to ensure excellent medical care for all youth through the direction of all nursing activities.
- Provide direct and indirect patient care services including, but not limited to the following: Administration of prescribed medications and treatments in accordance with approved nursing techniques; Maintaining awareness of comfort and safety needs of patient; Insuring the personal hygiene and the performance of disease prevention and restorative measures; Performing basic health care, testing and prevention procedures, including skin tests and immunization techniques according to facility policy and procedures.
- Observe patient, record significant conditions and reactions, and notify supervisor and/or physician of patient's condition and reaction to drugs, treatments, and significant incidents.
- Determine whether signs, symptoms, reactions, behavior or general appearance exhibit abnormal characteristics; and implementation based on observed abnormalities, or appropriate reporting, or referral, or standardized procedures.
- Document nursing history, physical and psychiatric nursing assessments for assigned patients.
- Initiate a patient education plan according to the individualized needs of the patient, as prescribed by Physician and/or hospital policy including patient and family instruction.
- Attend treatment team/CFT meetings as assigned. Provides direct support and assistance to counselor staff in the program when not involved in performing required medical functions.
- Document clinical assessments, clinical justification and 15-minute checks on any special treatment procedures implemented.
- Communicate effectively with psychiatrists and other professionals to provide a cohesive plan of care for patients.
- Participate in department or unit quality improvement activities and implementation of Joint Commission standards.
- Provide specific in-service training in accordance with established policy and procedures as assigned and on-going in-service training in the areas of hygiene, basic first aid, prevention of communicable disease, etc.
- Responsible for monitoring therapeutic programs.
- Oversee the arrangement of transportation of children for emergency care/medical appointments as necessary.
- Aid physicians during treatment and/or examinations; assists with the transfer and transition of youth as needed; assists with obtaining prescribed medications and medical supplies as needed.
- Ability to work with other members in a multi-disciplinary treatment setting.
- Respond to life saving situations based upon nursing standards, policies, procedures, and protocol.
- Fulfill all training requirements (SPA, CPR/First Aid, etc.).
- Perform special projects, assignments and other related duties as required.
- Immediately report any unsafe acts, conditions or accidents in their department and or organization to immediate supervisor.

### **Minimum Qualifications**

- Must be a Registered Nurse (RN) or Licensed Vocational Nurse (LVN) in the State of California
- At least one year of experience working in a residential setting and/or with Severely Emotionally Disturbed youth.
- Must be 21 years of age or older.
- Must have a valid California Driver's License.

### **Special Skills Needed and Preferred Qualifications**

- Psychiatric nursing experience with children and supervisory experience is preferred.
- Analytical and Language Skills: ability to read, analyze, and interpret medical records, journals, and reports; ability to respond to common inquiries or complaints from customers, regulatory agencies, or members of the business community; ability to effectively present information to management.

### **Lines of Authority & Staff Responsibilities**

- Reports to the Director of Residential Programs.
- Directly supervises nursing department staff including nurses and medication technicians. Carry out supervisory responsibilities in accordance with the organization's policies and applicable laws. Responsibilities include interviewing, hiring, and training employees; planning, assigning, and directing work; appraising performance; motivating, rewarding and disciplining employees; addressing complaints and resolving problems.



### **Duties**

- Provide medication support services, including: evaluation of the need for medication and clinical effectiveness and side effects; prescribing psychiatric medications; providing instruction in the use, risks and benefits of, and alternatives for medication; and provides collateral and plan development for medication support services.
- Order necessary laboratory studies, monitors, and follows up on abnormal results.
- Document using Electronic Health Record systems, a complete assessment and plan including all medication changes on each patient and all other mandatory documents as designated by SDCC STRTP Managers.
- Obtain medication informed consents when appropriate.
- Maintain strong commitment to System of Care principles in the treatment provided to patients.
- Maintain accurate, complete, and timely records per applicable regulations and requirements.
- Utilize consultation, and training to provide high quality services to youth and families in an effective manner.
- Consult with other members of the treatment team regarding youth's treatment plans.
- Participate in staff in-service and case presentation meetings.
- Consult with the SDCC Contracted Psychiatrists and SDCC Medical Director regularly on treatment plans for youth.
- Communicate ideas and concerns about service delivery to the SDCC STRTP Manager.
- Maintain clear, effective, and open communication with internal staff/programs and external providers.
- Maintain and provide to SDCC, evidence of current malpractice insurance.
- Fulfill all training requirements per licensing bodies and agency.
- Perform special projects, assignments and other related duties as required.
- Immediately report any unsafe acts, conditions or accidents in their department and or organization to immediate supervisor.

### **Minimum Qualifications**

- Must be licensed as a Registered Nurse and certified as a Mental Health Psychiatric Nurse Practitioner with the State of California Board of Registered Nursing.
- Must be registered in the State of California as a prescriber for controlled medications.
- Must have current Drug Enforcement Administration (DEA) Controlled Substance Registration Certificate and Basic Life Support and Cardiopulmonary Resuscitation (BLS/CPR) Certification for Healthcare Providers.
- Minimum of two years of experience working with pediatric and/or psychiatric populations.
- Must be 21 years of age or older.
- Must have a valid California Driver's License.

### **Special Skills Needed and Preferred Qualifications**

- Experience working, or familiarity, with medical records (paper/electronic) and/or protected information is preferred.
- Experience with/training in an electronic health records system, and experience working with diverse populations is preferred.
- Analytical and Language Skills: ability to read, analyze, and interpret medical records, journals, and reports; ability to respond to common inquiries or complaints from customers, regulatory agencies, or members of the business community; ability to effectively present information to management.

### **Lines of Authority & Staff Responsibilities**

- Works in consultation with the STRTP Contracted Psychiatrist and Pediatrician, under the supervision of SDCC's Medical Director, and reports to SDCC's Vice President of Clinical Operations.
- The PNP assists the SDCC Director of Residential Programs in the supervision of the SDCC STRTP Nurse Manager.

### **Duties**

- Provide direct and indirect youth care services including, but not limited to the administration of prescribed medications and treatment in accordance with approved nursing techniques.
- Maintain awareness of youth' comfort and safety needs.
- Ensure the performance of disease prevention and restorative measures.
- Perform basic health care, testing and prevention procedures, including skin tests and immunization techniques according to facility policy and procedures.
- Observe youth and record significant conditions and reactions, and notify supervisor or Physician of youth' conditions and reactions to drugs, treatments, and significant incidents
- Determine whether signs, symptoms, reactions, behavior or general appearance exhibit abnormal characteristics; and implement necessary medical treatment based on observed abnormalities and standardized procedures.
- Document nursing history, and physical and psychiatric nursing assessments for assigned youth.
- Initiate a youth education plan according to youth' individualized needs, as prescribed by Physician and/or hospital policy, including patient and family instruction.
- Attend treatment team/CFT meetings as assigned.
- Provide direct support and assistance to Counselors when not involved in performing required medical functions.
- Document clinical assessments and justification and 15-minute checks on any special treatment procedures implemented.
- Communicate effectively with psychiatrists and other mental health professionals to provide cohesive plans of care.
- Participate in department or unit quality improvement activities.
- Provide specific in-service training in accordance with established policy and procedures as assigned and ongoing in-service training in the areas of hygiene, basic first aid, prevention of communicable disease, etc.
- Monitor therapeutic programs.
- Assist in arranging transportation of youth for emergency care/medical appointments as necessary.
- Aid Physicians during treatment and/or examinations; assist with the, transfer and transition of youth as needed; and assist with obtaining prescribed medications and medical supplies as needed.
- Work effectively in a multidisciplinary treatment setting.
- Respond to life saving situations based upon nursing standards, policies, procedures, and protocol.
- Maintain familiarity with Title 22 regulations for group homes and child care facilities.
- Fulfill the role of facility manager when required and in accordance with Title 22, section 84065, during the absence of the Program Administrator.
- Fulfill all training requirements (SPA, CPR/First Aid, etc.).
- Perform special projects, assignments and other related duties as required.
- Immediately report any unsafe acts, conditions or accidents in their department and or organization to immediate supervisor.

### **Minimum Qualifications**

- Must be a Registered Nurse (RN) or Licensed Vocational Nurse (LVN) in the State of California
- At least one year of experience working in a residential setting and/or with Severely Emotionally Disturbed youth.
- Must be 21 years of age or older.
- Must have a valid California Driver's License.

### **Special Skills Needed and Preferred Qualifications**

- Psychiatric nursing experience with children is preferred.
- Analytical and Language Skills: ability to read, analyze, and interpret medical records, journals, and reports; ability to respond to common inquiries or complaints from customers, regulatory agencies, or members of the business community; ability to effectively present information to management.

### **Lines of Authority & Staff Responsibilities**

- Reports to the Nurse Manager.
- No supervisory responsibilities.

## **Medication Technician**

---

### **Duties**

- Ensure SDCC policies and procedures are always followed in dispensing and monitoring effects of youth medication.
- Perform 15-minute authorizations of physical holds.
- Ensure the safety and whereabouts of youth by providing active supervision.
- Help youth decrease problem behavior through active problem solving and practicing of pro-social interactions.
- Understand and follow youth's personal rights guidelines.
- Interact with youth in a manner which supports the development of therapeutic relationships.
- Intervene with escalated and/or assaultive youth in a manner which ensures the dignity and self-respect of the youth and is consistent with agency policies, including SPA.
- Instruct, supervise, and participate with youth throughout the shift in maintaining the appearance and structure of their common environment and personal space.
- Facilitate and/or participate in rehab groups, therapy groups, parent education groups and/or multifamily groups as assigned.
- Maintain ongoing and professional communication/consultation with the youth's and parent/guardian/authorized representative regarding youth's daily behavior and overall functioning.
- Actively participate in all assigned staff meetings and trainings.
- Help develop, implement, and maintain program structure, rules, routines, level system, boundaries, and youth' and family rights at all times.
- When designated, assist in classroom with behavior management, crisis intervention or other duties assigned by teacher.
- Ensure daily utilization of the youth's Individualized Emergency Intervention Plan and, when requested, assist the child, his/her therapist and teacher in the development of IEIP.
- Prepare, serve, and supervise meals and snacks when designated.
- Transport youth as needed and according to use of agency vehicle policy and procedures.
- Document clear and concise youth progress through the timely completion of assigned documentation.
- Assist pediatrician and psychiatrist as needed.
- Report observed medication side effects to nurse manager and psychiatrist.
- Distribute prescribed medications to youth and ensure all medication is consumed fully by performing mouth checks and observing youth actions while taking medications.
- Transcribe appointments appropriately.
- Assess the need for PRN (as needed) medications.
- Fulfill all training requirements (SPA, CPR/First Aid, etc.).
- Perform special projects, assignments and other related duties as required.
- Immediately report any unsafe acts, conditions or accidents in their department and or organization to immediate supervisor.

### **Minimum Qualifications**

- Must possess a Bachelor's degree, or equivalent combination of education and experience.
- Minimum two years of experience working with children or adolescents in a residential child care facility.
- At least one year of experience working as a residential Counselor for SDCC.
- Must be 21 years of age or older.
- Must have a valid California Driver's License.

### **Special Skills Needed and Preferred Qualifications**

- Excellent written and verbal communication skills, an understanding of children's mental health issues, and the ability to work effectively in a multi-disciplinary team.

### **Lines of Authority & Staff Responsibilities**

- Reports to their assigned Shift Supervisor and to the Nurse Manager.
- No supervisory responsibilities.

## **Recreation Services Manager**

---

### **Duties**

- Provide case management, rehabilitation and other services.
- Develop, promote, and implement a residential recreation program that includes physical, social and expressive arts.
- Provide an assessment of youth' recreational level and needs upon intake.
- Supervise recreation staff and follow up on staff issues, concerns, or disciplinary problems, and represent staff concerns at administrative meetings.
- Ensure recreation schedules are developed and disseminated to program staff at least one month in advance.
- Coordinate special recreation events, activities, and outings.
- Act as a liaison between recreation staff and residential staff.
- Communicate on an ongoing basis to determine the most appropriate activity program consistent with youth' needs.
- Develop and implement, in consultation with Life Skills Coordinator, the Independent Living Skills program and activities.
- Maintain accurate, complete, and timely case records per Medi-Cal requirements and SDCC policies.
- Review documentation of Rec Assistants to ensure it meets all Medi-Cal requirements and SDCC policies.
- Plan for transitions and make recommendations to families for community referrals.
- Complete necessary paperwork for transition.
- Consult with Program Therapists as appropriate regarding youth' needs and involvement in recreation programming and rehab groups.
- Maintain equipment in good working order and notify supervisor of any repair needs.
- Maintain orderliness of supplies and facilities and inform supervisor of supplies needed monthly.
- Fulfill all training requirements (SPA, CPR/First Aid, etc.).
- Perform special projects, assignments and other related duties as required.
- Immediately report any unsafe acts, conditions or accidents in their department and or organization to immediate supervisor.

### **Minimum Qualifications**

- Bachelor's degree from four-year college or university in Therapeutic Recreation is preferred, or equivalent combination of experience/education is acceptable.
- At least two years of experience working in a residential setting and/or with Severely Emotionally Disturbed youth.
- At least one year of supervisory experience.
- Must be 21 years of age or older.
- Must have a valid California Driver's License.

### **Special Skills Needed and Preferred Qualifications**

- Analytical and Language Skills: ability to read, analyze, and interpret medical records, journals, and reports; ability to respond to common inquiries or complaints from customers, regulatory agencies, or members of the business community; ability to effectively present information to management.

### **Lines of Authority & Staff Responsibilities**

- Reports to Director of Residential Programs.
- Supervises Recreation Assistant/s, Youth Partner, and Community Engagement Coordinator, ensuring that s/he conducts activities according to schedule and completes other job responsibilities completely and competently.

## **Recreation Assistant**

---

### **Duties**

- Provide case management, rehabilitation and other services.
- Help promote the recreation program, including physical, social and expressive arts.
- Assist Recreation Manager in the assessment of youth' recreational level and needs.
- Assist Recreation Manager in developing the recreation program.
- Implement activity program according to schedule.
- Communicate effectively with residential staff.
- Consult with Program Therapists as appropriate regarding youth' needs and involvement in recreation programming and rehab groups.
- Document the provision of services as appropriate.
- Maintain accurate, complete, and timely case records per Medi-Cal requirements and SDCC policies.
- Maintain equipment in good working order and notify supervisor of repair needs.
- Maintain orderliness of supplies and facilities and informs supervisor of supplies needed monthly.
- Perform departmental duties as directed by supervisor in an effective manner.
- Assist program staff in direct supervision of youth and/or crisis intervention as needed.
- Fulfill all training requirements (SPA, CPR/First Aid, etc.).
- Perform special projects, assignments and other related duties as required.
- Immediately report any unsafe acts, conditions or accidents in their department and or organization to immediate supervisor.

### **Minimum Qualifications**

- Bachelor's degree in child development, sports, or therapeutic recreation is preferred, or equivalent combination of experience/education is acceptable.
- At least two years of experience working in a residential setting and/or with Severely Emotionally Disturbed youth.
- Must be 21 years of age or older.
- Must have a valid California Driver's License.

### **Special Skills Needed and Preferred Qualifications**

- Excellent written and verbal communication skills, an understanding of children's mental health issues, and the ability to work effectively in a multi-disciplinary team.

### **Lines of Authority & Staff Responsibilities**

- Reports to the Recreation Services Manager.
- No supervisory responsibilities.

## **Youth Partner**

---

### **Duties**

- Provide rehabilitation and other services, with the goal of supporting youth self-advocacy, social connectivity, and stability
- Act as a mentor and positive role model and assist in engaging youth in the therapeutic processes
- Provides culturally competent education and hands-on coaching to youth to help them better understand how the “systems” work, and the process of accessing community resources
- Aligns with, and helps support, youth in to navigating through the system of care
- Locate, coordinate and develop linguistically and culturally diverse informal and formal resources and networks for youth in the communities where they reside
- Maintain accurate, complete, and timely treatment documentation per applicable agency requirements and agency policies.
- Maintain clear and open communication between multidisciplinary staff.
- Fulfill all training requirements.
- Perform special projects, assignments and other related duties as required.
- Immediately report any unsafe acts, conditions or accidents in their department and or organization to immediate supervisor.

### **Minimum Qualifications**

- High school graduate or equivalent.
- Must be 21 years of age or older.
- Must have a valid California Driver’s License.

### **Special Skills Needed and Preferred Qualifications**

- Related experience and/or training is preferred.
- Good verbal and written communication skills, and the ability to work effectively within a multi-disciplinary team.

### **Lines of Authority & Staff Responsibilities**

- Reports to the Recreation Services Manager.
- No supervisory responsibilities.



## **Administrative Assistant**

---

### **Duties**

- Perform various administrative functions as assigned.
- Maintain youth records per applicable policies and regulations.
- Perform accurate and timely data entry, including record keeping, database maintenance, etc.
- Provide clinical and non-clinical materials, both specific and general, for program staff.
- Meet with and parents/caregivers/authorized representatives of youth for necessary explanation of signing of forms.
- Prepare reports or program materials as requested by program leadership.
- Maintain master lists for tracking purposes.
- Operate office equipment according to protocol.
- Photocopy and distribute documents upon request, ensuring accuracy in quality and quantity.
- Take appropriate measures to ensure confidentiality of youth.
- Act as custodian of documents.
- Fulfill all training requirements.
- Perform special projects, assignments and other related duties as required.
- Immediately report any unsafe acts, conditions or accidents in their department and or organization to immediate supervisor.

### **Minimum Qualifications**

- Bachelor's degree preferred; or equivalent combination of education and experience.
- Must be 21 years of age or older.
- Must have a valid California Driver's License.

### **Special Skills Needed and Preferred Qualifications**

- Related experience and/or training is preferred.
- Excellent written and verbal communication skills, an understanding of children's mental health issues, and the ability to work effectively in a multi-disciplinary team.

### **Lines of Authority & Staff Responsibilities**

- Reports to the Program Manager.
- No supervisory responsibilities.

**3. Verification of employment of administrator, social work, licensed or certified mental health professional, direct care and support staff necessary to perform duties specified in applicable law and ILS. ILS § 87065**

Please refer to LIC 501, LIC 503, and LIC 508 submitted for each principal SDCC STRTP staff member (listed in the following table) as verification of employment:

<b>Name &amp; Credentials</b>	<b>Title</b>	<b>Group Home Administrator Status</b>
Cheryl Rode, PhD	SDCC Vice President of Clinical Operations	
Ervey Salinas, LMFT	SDCC Director of Residential Services	Certified & Designated GHA – Application submitted for STRTP Administrator Certification
Melanie Walker, LMFT	SDCC STRTP Program Manager-Child & Preteen Services	Certified STRTP Administrator
Cindy Barreda-Schurr, PhD	SDCC STRTP Clinical & Assessment Services Manager	
Janelle Battaglia, MSW	SDCC STRTP Intake/Outreach Manager	
Anna Kronenberg, LCSW	SDCC STRTP Clinical Supervisor	Certified GHA – Application submitted for STRTP Administrator Certification
Jenn Loya, LVN	SDCC STRTP Nurse Manager	Certified & Designated Substitute GHA – Application submitted for STRTP Administrator Certification
LaDonna Parnham, MHRS	SDCC STRTP Recreation Services Manager	
Meghan Dambacher, MHRS	SDCC STRTP Supervisor-Children & Preteen Services	

**4. Number of hours per week the administrator will spend completing required duties and how the administrator will accomplish such duties as specified by ILS § 87064.**

The STRTP Administrator (currently Ervey Salinas, LMFT) is assigned to the facility forty (40) hours per week to complete required duties. Mr. Salinas has worked with San Diego Center for Children since 2010 and has been certified as an Administrator since December of 2012. Please see the following page for Mr. Salinas' Group Home Administrator Certification. Mr. Salinas successfully completed the STRTP Administrator training and has submitted all required paperwork, and the required fee, to obtain his STRTP Administrator Certification.

Mr. Salinas has extensive experience effectively performing the duties as specified in ILS § 87064. SDCC has designated competent and experienced staff, including supervisors and managers (some of whom are also certified as administrators) to support and assist the STRTP Administrator in the accomplishment of duties as specified in ILS § 87064, including:

- Directing and evaluating the facility within the limits of the functions and policies established by the licensee.
- Preparing the facility budget and managing expenditures accordingly.
- Organizing the work of the facility and delegating responsibilities to staff.
- Assessing the facility's operations and program and reporting to the licensee and making recommendations to address identified problems.
- Recruiting, appointing, evaluating, and terminating staff.
- Developing and implementing a plan for the orientation, development, and training of staff.
- Reviewing complaints made by youth or their authorized representative(s) and deciding upon the action to be taken to handle the complaint.
- Developing the written policies, procedures, and practices for continuous quality improvement, as specified in Sec. 87081.
- Observing and interacting with staff, youth, and other individuals, as necessary, to ensure the quality of care for youth and program services.
- Any other duties that may be necessary to manage and administer the short-term residential therapeutic program.



STATE OF CALIFORNIA  
DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION



**ERVVEY SALINAS**

Completed the Group Home Administrator Certification Program

**Standard Certificate 6021570730**

Effective Date: 12/17/2016      Expiration Date: 12/16/2018

TECHNICAL ASSISTANCE BUREAU, CHIEF

**This certificate is issued in accordance with all applicable laws and regulations. Certificate holders are required to maintain compliance at all times. Certification alone does not qualify the person to be employed; other qualifying requirements must be met and documented.**

Certificate Control Number 135767629

Administrator Certification Section

**5. Statement of the duties delegated to the administrator by the Board of Directors.**

Please refer to SDCC Board Resolution (February 11, 2014) below, which designates Ervey Salinas, LMFT as the authorized person and therefore responsible for the duties as specified by ILS § 87063(a)(6) and included above.

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING

**DESIGNATION OF FACILITY RESPONSIBILITY**

Licensed facilities are required to have an authorized person continuously present at the facility during operational hours to represent the facility and to accept licensing reports. Licensees shall use this form to delegate the above authority to appropriate staff. Applicants/licensees who are corporations shall attach board resolutions authorizing this delegation.

Facility Name San Diego Center for Children Date 3/23/17

Facility Number \_\_\_\_\_

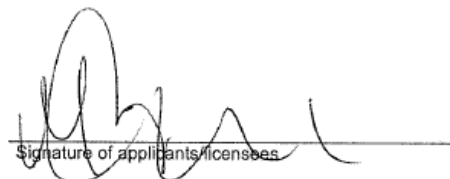
Facility Address 3002 Armstrong St. Phone 858-277-9550

City San Diego, CA County San Diego

In the event of my absence I designate Ervey Salinas, LMFT He/She is  
authorized to receive any documents including reports of inspections and consultations, accusations and civil and administrative  
processes on my behalf at the above-named facility.

When delegating authority to appropriate staff, Residential Care Facilities for the Elderly shall comply with CCR Title 22, Division 6 Section 87564. Child Care Centers shall comply with CCR Title 22, Division 12 Section 101215.1 and other licensed facilities shall comply with CCR Title 22, Division 6 Section 80064.

I (We) shall notify the licensing agency, in writing, within 10 days of any change in the above authorization.

  
Signature of applicants/licensees

Chief Executive Officer

Title

3002 Armstrong St.

Address

San Diego, CA San Diego 92111

City County Zip

**6. Designated substitute for administrator when he/she is absent.** ILS § 87064(e)

SDCC-STRTP Nursing Manager, (Jenn Loya, LVN), has been designated as the substitute Administrator when the STRTP Administrator is absent.

In addition to Mr. Salinas and Mrs. Loya, SDCC also employs other staff who are certified administrators, including:

- Anna Kronenberg, LCSW, SDCC STRTP Clinical Supervisor
- Melanie Walker, SDCC STRTP Program Manager
- Michelle Drake, SDCC STRTP Shift Supervisor
- Rafael Gomez, SDCC STRTP Operations Manager

Please refer to [the supporting documents \(LIC 308\)](#) for the Designation of Facility Responsibility for Mr. Salinas by SDCC's Board of Directors, and all additional staff designated by Ervey Salinas, LMFT to represent the facility and accept licensing reports in his absence.

**7. Capacity around translators, multilingual staff, and multicultural staff to provide services to support the program population.** ILS § 87022(c)(3)(D)

SDCC employs staff who are culturally and linguistically diverse, and who are representative of the population served. Approximately 25% of SDCC-STRTP staff are bilingual (English and Spanish), including SDCC's CEO and program leadership, and a majority of SDCC STRTP staff are bicultural. The SDCC-STRTP provides a variety of culturally diverse groups and utilizes community resources to engage SDCC-STRTP youth in appreciation of differences and similarities between and among different cultural groups.

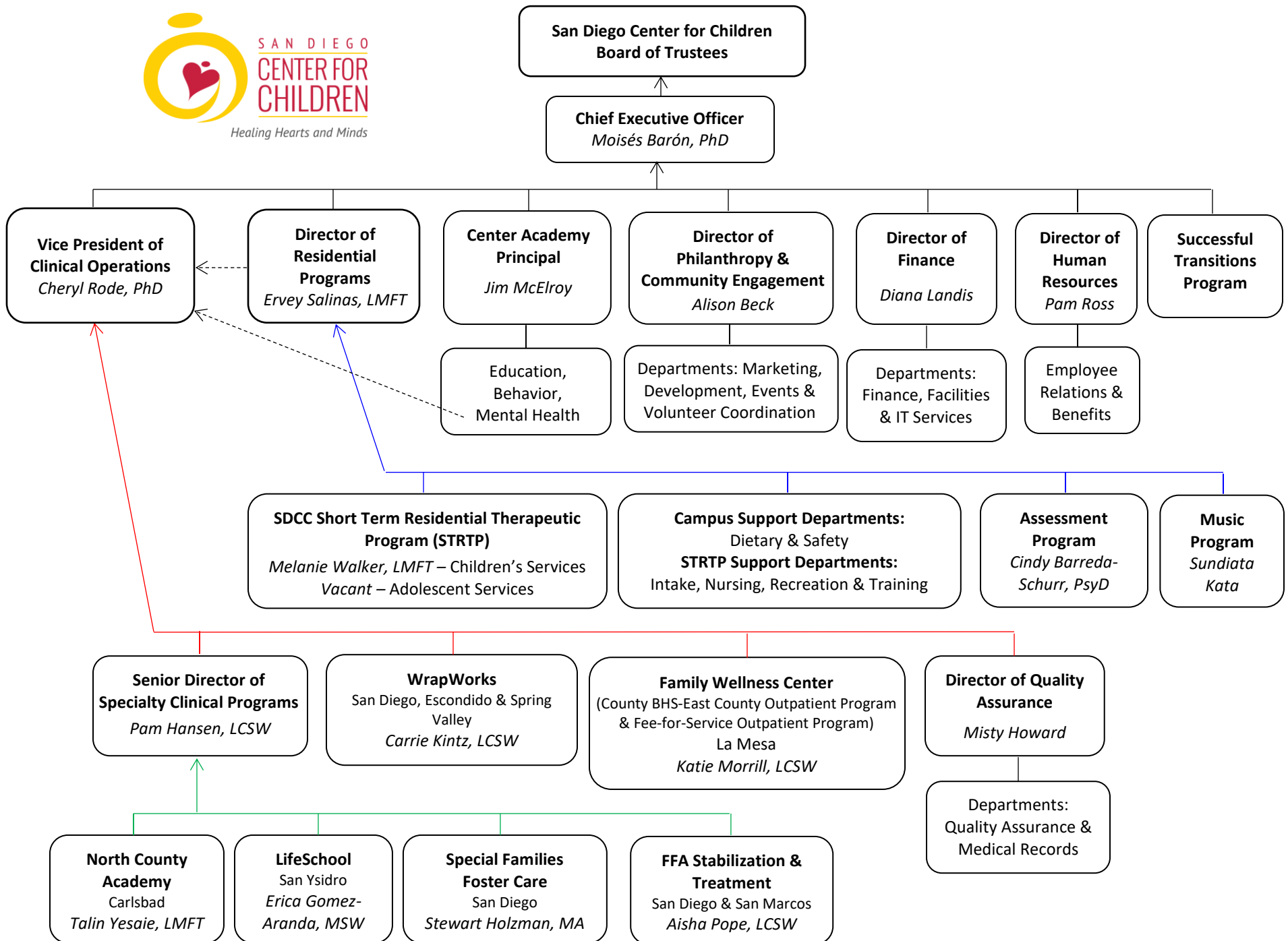
Additionally, it is the policy of SDCC to provide services that support and meet the needs of each program's population. SDCC provides information to youth, and their families, in a way they understand, and works with each youth and family to determine the best method of communication for their circumstances. Therefore, SDCC ensures services are available to all youth and families in their preferred language to assist in the delivery of information, education, and/or specialty mental health services. At a minimum, written program materials are available to families and youth in each of San Diego County's threshold languages. If SDCC is unable to meet a family's or youth's linguistic needs, SDCC will arrange for services via an external interpretation/translation service provider, including Interpreter's Unlimited of San Diego and Deaf Community Services of San Diego.

**Provide:**

**8. An organizational chart of the corporate structure, including parent organization.** ILS § 87022(c)(3)(E)  
(LIC 309, Board of Resolution Checklist, may be used to satisfy this requirement.)

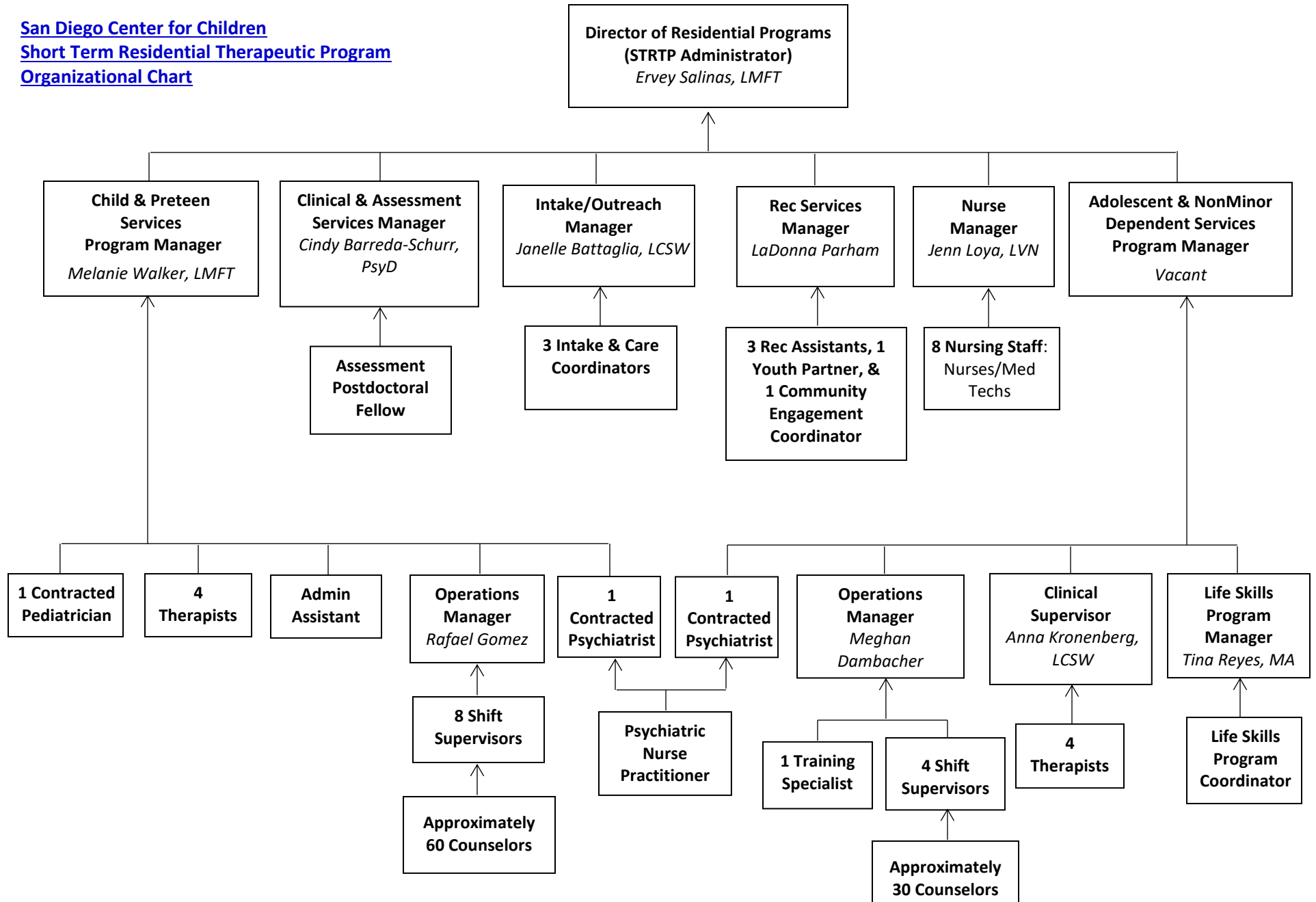
Please see the following pages for the San Diego Center for Children (parent organization) organizational chart and the SDCC STRTP organizational chart.

Please also refer to [ATTACHMENT 1](#) of this application for [LIC 309 \(Administrative Organization\)](#) and all required documentation (e.g. Tax-Exempt Status Letter from the IRS, SDCC's Articles of Incorporation with the State seal, SDCC's Bylaws, and a copy of Board resolution authorizing filing of this application).





San Diego Center for Children  
Short Term Residential Therapeutic Program  
Organizational Chart



### C. FACILITY SKETCHES

Provide:

- **A sketch of the buildings and grounds for each facility.** ILS § 87022(c)(4) and (5)
- **Floor plan, which describes the capacities of the building for the use intended and room dimensions.** ILS § 87022(c)(4)
- **Doors and window exits must be shown. Indicate exit routes by # as shown on the LIC 610C Emergency Disaster Plan.**
- **A sketch of the grounds showing driveways, fences, storage areas, gardens, pools, recreation areas, and other space used by the population(s) served.** ILS § 87022(c)(5)

Please see the following four pages for building sketches of each building that will be utilized by the SDCC STRTP, including the following:

Building	Houses	Total Square Footage	# of Door Exits	Single Occupancy Bedrooms	Double Occupancy Bedrooms	Youth Capacity
Clark Cottage	Adolescents	14,330	7	4	13	30
Serenity Cottage	Children & Preteens	6,967	6	16		16
Jacobs Cottage	Children & Preteens	6,967	6	16		16
Fergusson Cottage	Children & Preteens	6,967	6	18		18
<b>Totals</b>		<b>35,231</b>	<b>25</b>	<b>54</b>	<b>13</b>	<b>80</b>

Each building sketch includes:

- Floor plan with intended use of each room and room dimensions
- Numbered exit routes (none of the cottages contain window exits)

The sketch of the SDCC STRTP **campus grounds** is the final sketch and identifies all space that will be used by the population served and the intended use of each.

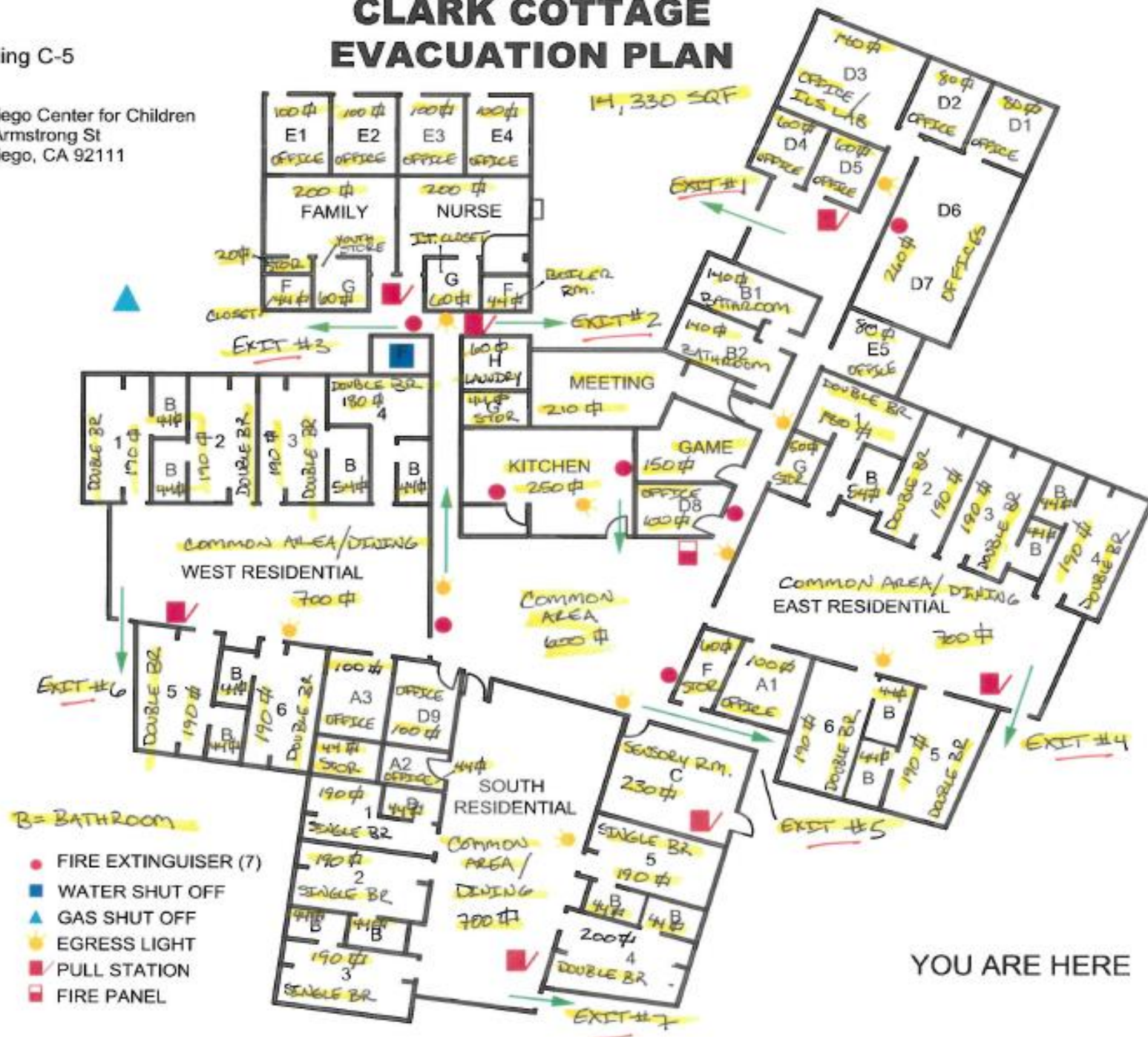
- **Designation of the rooms to be used for nonambulatory children/nonminor dependents, if any.** ILS § 87022(c)(4)

The SDCC STRTP does not serve nonambulatory children/nonminor dependents. Therefore, the requirement to illustrate rooms designated to be used for nonambulatory children/nonminor dependents is not applicable. Youth who are temporarily nonambulatory (e.g. broken leg) can be served and accommodations will be provided as needed.

# CLARK COTTAGE EVACUATION PLAN

Building C-5

San Diego Center for Children  
3002 Armstrong St  
San Diego, CA 92111

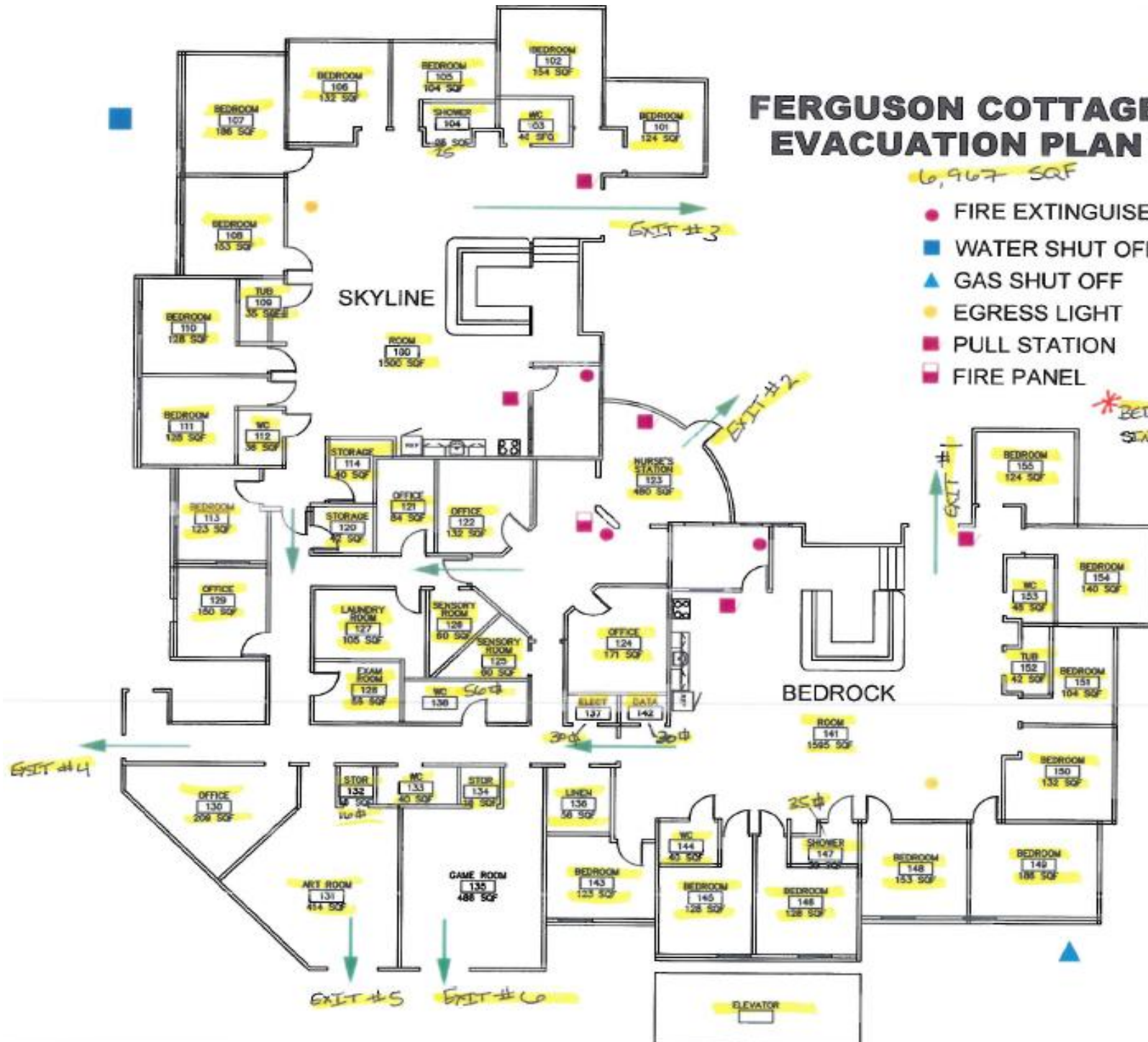


# FERGUSON COTTAGE EVACUATION PLAN

6,967 SQF

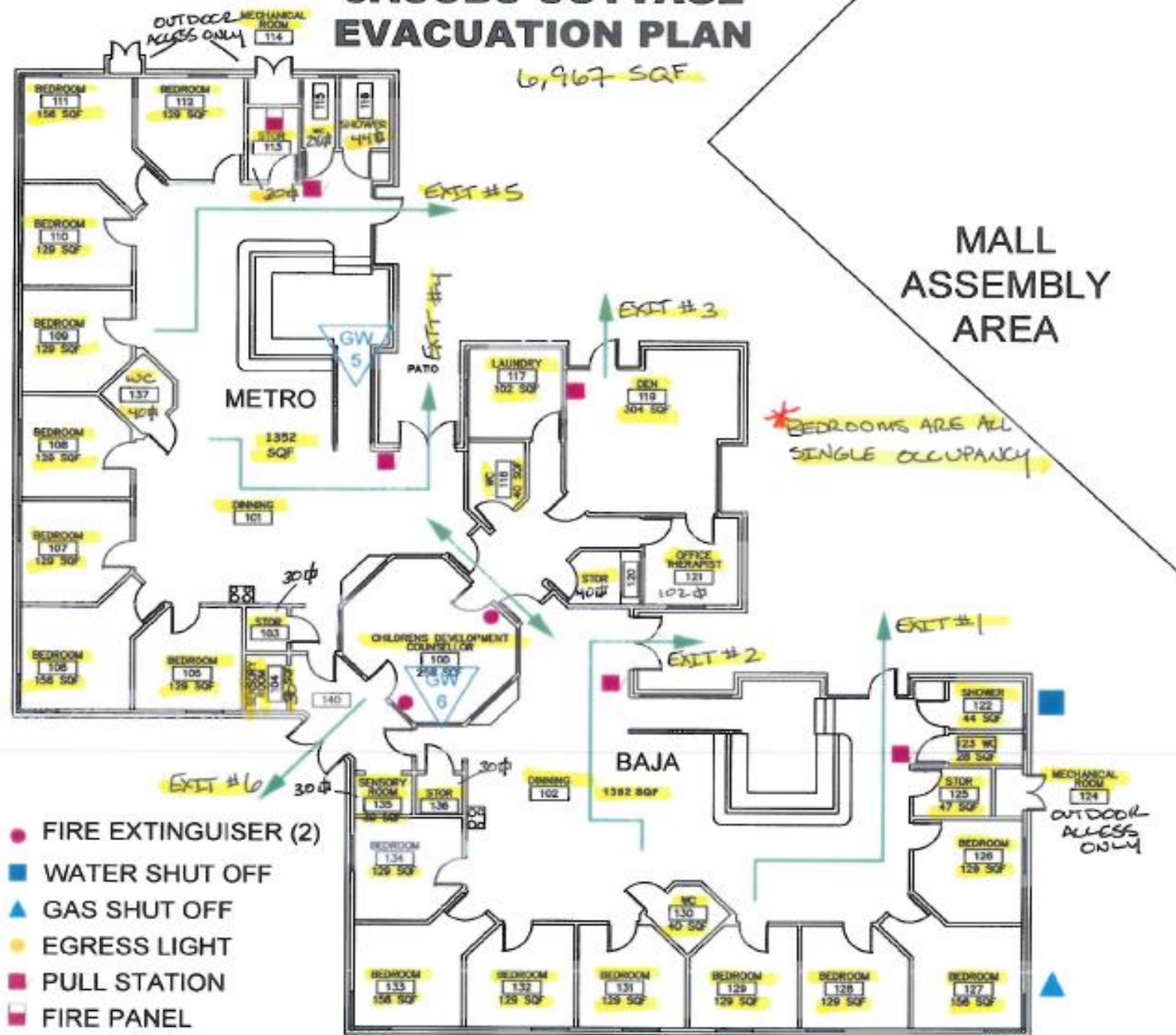
- FIRE EXTINGUISHER (3)
- WATER SHUT OFF
- ▲ GAS SHUT OFF
- EGRESS LIGHT
- PULL STATION
- FIRE PANEL

\* BEDROOMS ARE ALL SINGLE OCCUPANCY





6,967 SQF

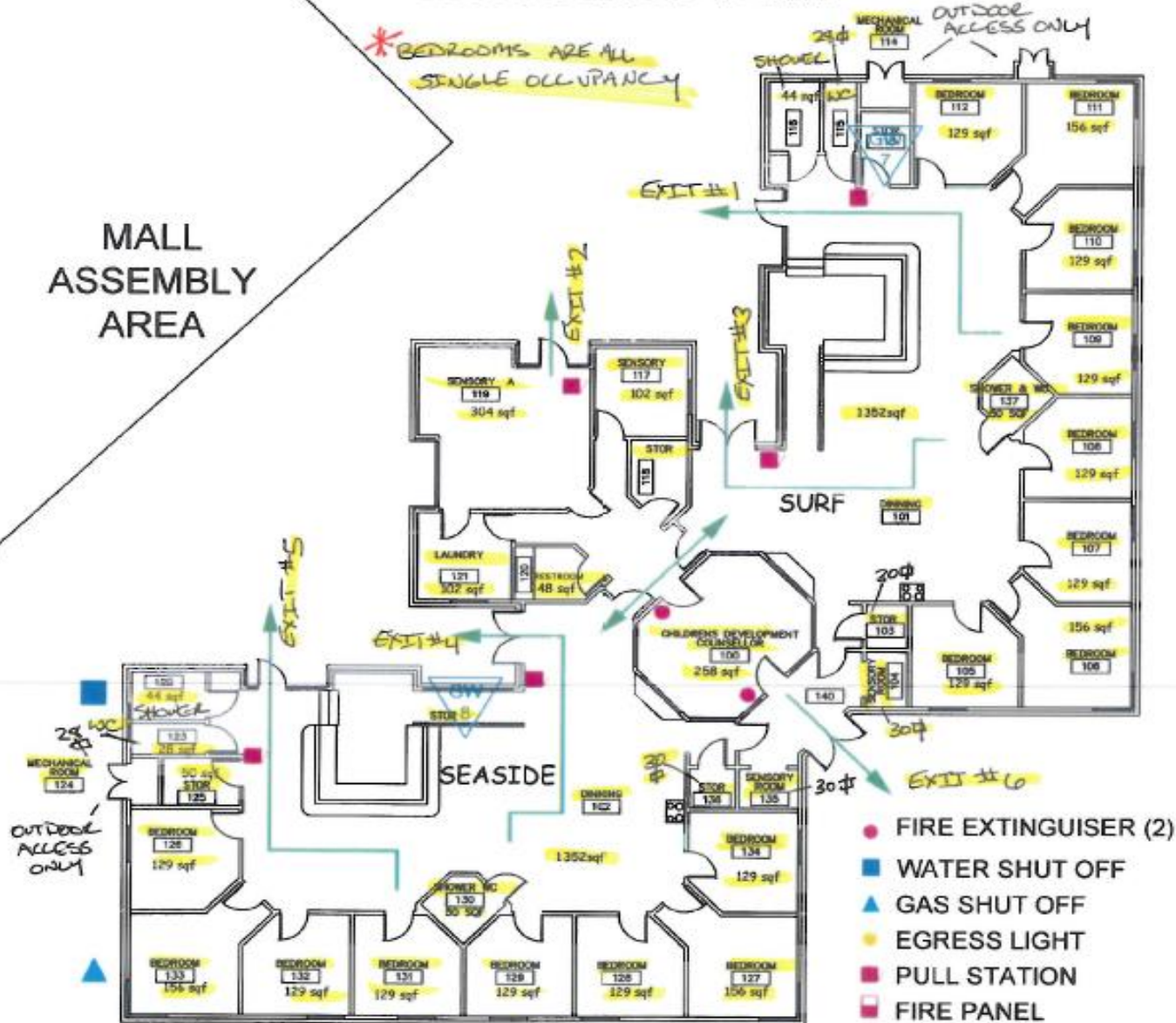


# SERENITY COTTAGE EVACUATION PLAN

6,967 SQF

\*BEDROOMS ARE ALL  
SINGLE OCCUPANCY

MALL  
ASSEMBLY  
AREA









## D. STAFF PLAN

**Provide a detailed plan for the hiring, supervising, evaluating, and training staff, to include, peer partners, volunteers, and other qualified individuals. ILS § 87022(c)(6)**

### **1. Describe how staff, peer partners, volunteers, and other qualified individuals will be hired, supervised, evaluated, and trained.**

#### **Hiring:**

SDCC's recruitment and hiring is a solid process that consistently yields qualified and competent staff. Open positions are posted on the SDCC Careers web-link, which enables applicants to complete applications online and hastens the screening and hiring process.

SDCC is an equal opportunity employer and engages in non-discriminatory hiring practices. We do not discriminate based on race, color, religion, creed, sex, sexual orientation, gender identity, national origin, ancestry, age, veteran status, disability unrelated to job requirements, genetic information, military service, or other protected status. SDCC recognizes the cultural and linguistic needs of diverse populations, including large service populations of Hispanic/Latino and African American youth, and smaller populations of Asian/Pacific Islander youth. It is important to note that the SDCC-STRTP currently has staff at all levels who are bilingual and bicultural. SDCC utilizes traditional job advertising resources (web-based and print) to recruit for open positions. When applicable, job announcements indicate bilingual skills are required, and SDCC advertises open positions with diversity associations and sites to encourage bilingual and bicultural candidates.

SDCC also recognizes foster care as a unique cultural framework and welcomes the hiring of individuals with lived experience of the system of care. SDCC has nearly 15 years of experience in hiring, training, and retaining Family Partners (Parent and Youth Partners). SDCC uses various networks and resources recruit Family Partners, including the National Alliance on Mental Illness of San Diego, County and provider meetings and forums where parents and youth are present, through word-of-mouth contact among parents/caregivers and transitional age youth, and through informal nominations.

Hiring is performed by SDCC managers and supervisors, with guidance and assistance from SDCC's Human Resources Department, as stated in each job description. SDCC's hiring process is extensive and includes:

- Candidate completes and submits SDCC's online application for employment.
- Candidates who meet the position qualifications, are scheduled for interviews with supervisors, potential colleagues, and current adolescent youth, if appropriate, to ensure youth voice is incorporated into the hiring process
- An Initial Assessment Evaluation (discussed in detail under "Assessment and Evaluation") of the position's core competencies is performed during the interview process
- The candidate's former employment is verified, and reference checks are completed
- If applicable, informal offer is made and the candidate's acceptance of the position is received
- Pre-screening is performed, which includes background clearance check is performed via a CCL fingerprinting vendor, drug screening, physical examination, and TB Test/Reading. All pre-screening is paid for by SDCC.
- If applicable (i.e. passed all pre-screening checks and tests), a formal welcome letter is provided to the applicant by Human Resources.
- General orientation session is held with HR, including acknowledgment and acceptance of applicable job description and applicable policies and procedures, review initial and ongoing training requirements, and scheduling of initial trainings (and job shadowing if applicable)
- Internal announcement of filled position

#### **Supervision:**

##### **Administrative Supervision**

SDCC STRTP staff are provided administrative supervision by experienced supervisors and managers. Administrative supervision consists of ongoing assessment and evaluation (detailed below) of an employee's performance relative to their ability to fulfill primary duties of their job and of their ability maintain compliance with organizational policies and procedures, and regulatory and accrediting agency requirements. Supervisors also ensure their direct reports are provided with ongoing training and coaching necessary for their position. For an illustration of SDCC STRTP responsible for the provision of administrative supervision, please refer to Plan of Operation-Section B of this application for the SDCC STRTP Organizational Chart.

##### **Clinical Supervision**

SDCC promotes and supports the professional development of our clinical staff, including obtainment of professional licensure. SDCC provides clinical supervision (individual and group), which is conducted by a licensed clinician in the State of California who is two-years post licensure, to all license-eligible SDCC STRTP Therapists (social work staff). Clinical supervision continues to be provided even after licensure is obtained and until the employee is two years post licensure. The provision of clinical supervision (LMFT, LCSW, LPCC, PsyD/PhD) is a primary requirement for the SDCC STRTP Program Managers and Clinical Supervisor.

### **Assessment and Evaluation:**

As a Joint Commission accredited organization, SDCC adheres to a strict policy regarding the assessment and performance evaluation of all employees (including contracted consultants) who provide care, treatment, or services to youth and families. Each position within SDCC responsible for the provision of care, treatment, or services has assigned competencies developed by organizational and program leadership in consultation with SDCC's Human Resources Department. Each set of competencies consist of selected skills, duties, or tasks specific to each position that organizational and program leadership have deemed important enough to measure and evaluate throughout the year. The competencies serve as a hiring tool to help ensure the most qualified and competent candidates are selected, and as a supervisory tool to ensure staff have maintained or improved in the areas necessary to effectively perform their duties.

The performance reviews conducted within the SDCC STRTP, and the process for each, are detailed below:

#### Initial Competency Assessment

This assessment occurs during the interview process and helps eliminate candidates who do not have the necessary education, training, or experience for the open position. Interviews are conducted by SDCC STRTP Supervisors, during which the candidate's knowledge base is explored and relative work experience is assessed. Supervisors also review the applicable job description with each candidate and the position's core competencies.

The second part of the initial competency assessment occurs following the interview, at which point primary source verification of the candidate's current license, registration, or certification is performed electronically for applicable candidates (i.e. those who require a valid license, registration, or certificate to perform their job duties). Additionally, for those candidates required to have obtained a particular level of education to meet the position's qualifications, verification of the candidate's education level is performed by requiring the candidate to submit their official transcripts from the educational institution at which the required level of education was obtained.

#### Initial Competency Evaluation

An initial competency evaluation is completed for all SDCC staff providing care, treatment and/or services to youth and families immediately preceding 90 days of hire. The first 90 days of employment is considered the orientation period and during which, staff are educated on SDCC STRTP expectations and regulations, the accepted way to perform the duties and responsibilities of their job, and any other applicable regulatory and accrediting agency requirements. This process helps ensure a consistent level of performance by all staff in the same job.

During this orientation period, supervisors evaluate the employee's ability to competently perform the primary duties of their job in compliance with organizational policies and procedures. This evaluation consists of on the job observations, documentation reviews, feedback from experienced staff, fulfillment of training requirements, etc. Near the end of the employee's orientation period, a formal Initial Competency Evaluation Report is reviewed with the employee by their supervisor. During this review, the employee is provided with feedback regarding areas in which they are performing well and areas in need of improvement, training, and/or supervision. This report is maintained in the employee's personnel file. Any serious issues of concern regarding an employee's ability to competently perform the duties of their job, are taken to the SDCC STRTP Program Supervisors and SDCC's HR Department.

#### Annual Evaluations

Annual performance evaluations are conducted for all employees during the month of March. An employee will not receive an annual performance review until they have been employed six months or longer (e.g. an employee hired in Jan of 2017 would not receive an annual review until March of 2018). Annual performance evaluations include an overall assessment of the competencies required to perform the employee's duties. Factors such as the quality and quantity of the work performed, knowledge of the job, initiative, work attitude, and active supervision of youth are some of the areas that may be reviewed. Annual performance evaluations are intended to make employees aware of their progress, areas in need of improvement, and objectives or goals for future work performance.

Favorable performance evaluations do not guarantee increases in salary or promotions. Salary increases, and promotions are solely within the discretion of the SDCC and depend upon many factors in addition to performance. After each performance evaluation, the employee is required to sign the evaluation report to acknowledge it has been presented to them, and it was discussed with their supervisor, and that the employee is aware of its contents.

#### Performance Improvement Evaluations

In the event of employee performance issues, the employee's supervisor will evaluate the employee's performance and may determine a Performance Improvement Plan (PIP) is necessary to effectively address identified issues. A PIP is a support tool developed to improve the employee's performance and fully rectify any areas of concern. Each situation is considered, and based, on a variety of factors including, employment status, the seriousness of the situation, the employee's past performance and any similar issues, etc. The length of time a PIP is in effect is based on the situation and the level of support the employee needs to adequately address performance issues. The employee's supervisor, in consultation with SDCC's HR Department, determines when

the employee has sufficiently fulfilled the goals within the PIP and therefore, the PIP is no longer needed. Instances in which an employee fails to meet the PIP goals within the identified time, are addressed with disciplinary action up to, and including, termination. Any PIP issued to an employee, and the subsequent outcome, is maintained in the employee's personnel file.

In addition to the above assessment and performance evaluations for all SDCC staff who provide care, treatment, and/or services to youth and families, SDCC STRTP direct care staff are provided with the following additional evaluations:

#### Training Assessments

At the end of each Safe and Positive Approaches (SPA) training session, which is a 16-hour training that consists of three sessions, each participant is required to complete a practical assessment and/or a knowledge assessment. These assessments are conducted by certified SPA trainers immediately following each training session. SPA knowledge assessments test the participant's retention and understanding of the training concepts and guidelines, and SPA practical assessments test each participant's ability to perform the various evasion techniques and physical interventions taught, demonstrated, and practiced throughout the training.

SPA knowledge assessments are scored from 0-100% based on the number of correct answers, and SPA practical assessments are scored from 0-100% based on the number of skills the participant performed correctly and without assistance. A score below 80% on any assessment indicates the participant does not demonstrate an understanding of the training concepts and guidelines or they are not able to effectively demonstrate the techniques and/or physical interventions necessary to perform their job. If a participant receives a score below 80%, the participant's supervisor is immediately notified by the SPA trainer. The supervisor, in consultation with the SPA trainer, determines if additional training is required for the participant to maintain their employment or if termination should be considered.

#### Interventions Evaluations

Interventions evaluations are performed every six months for all SDCC STRTP Counselors and are performed by the SDCC STRTP Training Specialist. Counselors are trained at the time of hire on the following sets of youth interventions listed below. Counselors are evaluated at the end of the initial training on their understanding of each set of interventions, which includes knowledge of when and how they should be implemented with youth. Every six months thereafter, Counselors are evaluated on their application of the various sets of interventions, while also adhering to the principles of trauma informed care.

- Core Interventions: scanning, movement, encouragement and praise, pre-teaching, etc.
- Early Interventions (Part 1 & 2): processing, redirection, offering choices/options, distraction, reminders, use of a token economy, etc.
- Secondary Interventions: Positive Discipline, time outs, switching out staff, quiet minute, etc.
- Emergency interventions: QPR (Question, Persuade, Refer) for suicide prevention, physical intervention as a last resort, returning to calm and making amends, etc.
- Consequence Interventions: serious behaviors/ negative consequences, prohibited disciplinary actions, choices/options, chore assignment, community service, essays, privilege loss, etc.
- Intervention Pitfalls: power struggles, punitive interaction, triggering trauma cue, transition time, learning curve, poor communications, misunderstanding youth, blurred boundaries, etc.

Following training, SDCC STRTP Training Specialist observes each Counselor's use of the above intervention sets, and avoidance of pitfalls, while working with youth. The Training Specialist focuses on two sets of interventions every six weeks for a five-month period. At the end of the five-week period, Counselors receive one of the following scores depending on their mastery level of the interventions:

- Knowledge: The Counselor demonstrates that s/he understands the interventions and can explain how and when to implement them.
- Practice: The Counselor demonstrates that s/he understands the interventions and can implement the interventions at the appropriate time with youth and they are used effectively.
- Skill: The Counselor demonstrates that s/he understands the interventions and can effectively implement the interventions with youth on a regular basis.
- Habit: The Counselor demonstrates that s/he understands the interventions, can effectively implement the interventions with youth on a regular basis, and is able to teach and coach other Counselors on effective use (when and how) of the interventions.

Scores are maintained electronically via an evaluations database created by SDCC's Quality Assurance Department staff and reviewed periodically with Counselors throughout the five-month observation and evaluation period. At the end of the observation and evaluation period, and within the six months following hire, an electronic dashboard report illustrating scores and progress is reviewed individually with each Counselor by a Training Specialist. This provides Counselors an opportunity to see their progress over time and identify areas in which they may need additional training and support. The results from these biannual interventions evaluations are incorporated into each Counselor's annual performance review.

While the interventions evaluations have proven to be effective evaluation tools for the performance of direct care staff, this process also enables the SDCC STRTP to measure and evaluate its training program and the quality of interventions and care provided to youth.

Please see the following pages for:

1. Annual Performance Evaluation Form used to assess performance of all SDCC staff members
2. Interventions Observation Form used to evaluate and track the skill level of SDCC STRTP Counselors

### **San Diego Center for Children Staff Performance Evaluation**

**Employee Name:**

**Job Title:**

**Department/Program:**

**Supervisor Name & Title:**

**Length of Time in Current Position:**

☐ Introductory ☐ Annual

**Review Period:**

### **INSTRUCTIONS**

- Comments are required only for value scores of 1 or 3
- Calculate employee's overall performance rating score

### **PERFORMANCE RATING SCALE**

#### **3 = EXCEEDS EXPECTATIONS**

Consistently exceeds performance expectations, making contributions that result in major changes or improvements to the organization within areas of responsibility. Consistently demonstrates superior application of skills on the job. Outstanding contributor. Consistently goes above and beyond expectations. Is highly respected by others. May serve as a mentor to others.

#### **2 = MEETS EXPECTATIONS**

Meets performance expectations for the position. Demonstrates competent skills and performance on a regular basis. Meets all the critical elements of the job.

#### **1 = NEEDS IMPROVEMENT**

Performance is below expectations for the position. Does not completely and consistently meet performance expectations. Needs to improve skills and/or performance levels to reach acceptable standards.

### **PERFORMANCE EVALUATION**

#### **1. Welcoming**

Is approachable, helpful and accessible to all. Is open to constructive feedback and receptive to coaching.	<input type="checkbox"/> 3 Exceeds Expectations <input type="checkbox"/> 2 Meets Expectations <input type="checkbox"/> 1 Needs Improvement
<b>Comments:</b>	
Interpersonal Skills - Establishes respectful and collaborative professional relationships with all individuals associated with the Center. Responds promptly and courteously to internal and external individual requests or inquiries. Always strives to exceed expectations of those in which employees interact.	<input type="checkbox"/> 3 Exceeds Expectations <input type="checkbox"/> 2 Meets Expectations <input type="checkbox"/> 1 Needs Improvement
<b>Comments:</b>	
Cultural Sensitivity and Diversity - Fosters, cultivate and preserves a culture of diversity and inclusion. Focuses on youth with respect for the needs, preferences and values of individuals served.	<input type="checkbox"/> 3 Exceeds Expectations <input type="checkbox"/> 2 Meets Expectations <input type="checkbox"/> 1 Needs Improvement
<b>Comments:</b>	

## 2. Optimism

Treatment Planning- Understands client treatment plans, any specialized treatment plans and actively engages in treatment planning and implementation.

- ☐ 3 Exceeds Expectations  
☐ 2 Meets Expectations  
☐ 1 Needs Improvement

**Comments:**

Strength Based - Focuses on strengths instead of deficits and is able to effectively reframe situations to a positive outlook. Pays particular attention to problem solving and remaining solution focused.

- ☐ 3 Exceeds Expectations  
☐ 2 Meets Expectations  
☐ 1 Needs Improvement

**Comments:**

## 3. Excellence

Quality of Work and Documentation - Completes work/documentation thoroughly, accurately, neatly and according to specification producing output with minimal errors. Completes documentation within expected timelines and follows SDCC protocols and policies.

- ☐ 3 Exceeds Expectations  
☐ 2 Meets Expectations  
☐ 1 Needs Improvement

**Comments:**

Productivity - Reflects the volume in which work is performed. Is able to determine priorities and maximize efficiency.

- ☐ 3 Exceeds Expectations  
☐ 2 Meets Expectations  
☐ 1 Needs Improvement

**Comments:**

Attendance - Is dependable, rarely calls out absent, arrives on time daily and is prepared for meetings and scheduled activities.

- ☐ 3 Exceeds Expectations  
☐ 2 Meets Expectations  
☐ 1 Needs Improvement

**Comments:**

Training and Personal Development- Has acquired/attended all mandatory training/certification as required including; Residential Counselor Training, Intervention Toolbox (review score), HIPAA, cultural competency, SPA, CPR, First Aid, material handling and emergency procedures/evacuation plan and personal protection equipment use.

- ☐ 3 Exceeds Expectations  
☐ 2 Meets Expectations  
☐ 1 Needs Improvement

**Comments:**

## 4. Compassion

Trauma Informed Care-Views all situations through a trauma informed lens - empowerment, youth voice and choice, realizes the widespread impact of trauma and understands potential paths for recovery and responds by fully integrating this knowledge into all interactions with our youth and each other.

- ☐ 3 Exceeds Expectations  
☐ 2 Meets Expectations  
☐ 1 Needs Improvement

**Comments:**

Intervention Skills - Seeks to actively resist re-traumatization, demonstrates strength-based intervention skills and has an understanding of client rights and developmental milestones.	<input type="checkbox"/> 3 Exceeds Expectations <input type="checkbox"/> 2 Meets Expectations <input type="checkbox"/> 1 Needs Improvement
<b>Comments:</b>	

## 5. Collaboration

Teamwork - Demonstrates effective communication and collaborative skills with all interactions. Keeps co-workers in the communication loop in a timely manner, trusts and supports each other, gives constructive feedback, actively participates in problem-solving and remains flexible. Communicates with supervisor when appropriate or necessary.	<input type="checkbox"/> 3 Exceeds Expectations <input type="checkbox"/> 2 Meets Expectations <input type="checkbox"/> 1 Needs Improvement
<b>Comments:</b>	

Leadership Skills - Displays leadership skills, steps up in crisis, is able to think and act creatively and critically in difficult situations. Inspires others to perform and engage in achieving goals.	<input type="checkbox"/> 3 Exceeds Expectations <input type="checkbox"/> 2 Meets Expectations <input type="checkbox"/> 1 Needs Improvement
<b>Comments:</b>	

## 6. Wellness

Safety - Works safely and follows appropriate protocols, cares for the safety of the facilities, youth, employees and environment of care.	<input type="checkbox"/> 3 Exceeds Expectations <input type="checkbox"/> 2 Meets Expectations <input type="checkbox"/> 1 Needs Improvement
<b>Comments:</b>	

Compliance - Acts in a manner that reflects the code of conduct, ethical practices, acceptance of personal responsibility and integrity. Demonstrates compliance with and reporting of suspected deviation of all relevant policies, regulations and employee misconduct.	<input type="checkbox"/> 3 Exceeds Expectations <input type="checkbox"/> 2 Meets Expectations <input type="checkbox"/> 1 Needs Improvement
<b>Comments:</b>	

### RATING

To calculate rating, divide employee's total score by 15 (total possible categories)

Example: employee's score is 30 and total categories are 15 =  $30/15 = 2$

Employee's Score / Total Score: \_\_\_\_ / \_15\_

Employee's Overall Performance Rating Score: \_\_\_\_

List top 3 accomplishments during review period
1.
2.
3.

Review progress from your previous developmental goals from last review period <i>(if applicable)</i>
1.
2.
3.
4.
5.

Create 3-5 developmental goals for next review period
1.
2.
3.
4.
5.

<b>Supervisor's Comments:</b>     
---

<b>Employee's Comments:</b>     
---

☐ I have reviewed and understand my current job description

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Next Level Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



SDCC STRTP Counselor Interventions Observation Form		
Counselor Name:		Observation Dates:
Observed By (Name and Title):		Observer's Signature:
Date Reviewed with Counselor:		Date Reviewed with Supervisor:
<b>Mastery Levels Defined</b> <ul style="list-style-type: none"> <li>• <u>Knowledge</u>: Demonstrates that s/he understands the interventions and can explain how and when to implement them.</li> <li>• <u>Practice</u>: Demonstrates that s/he understands the interventions and can implement interventions at the appropriate time and they are used effectively.</li> <li>• <u>Skill</u>: Demonstrates that s/he understands the interventions and can effectively implement interventions on a regular basis.</li> <li>• <u>Habit</u>: Demonstrates that s/he understands the interventions, can effectively implement the interventions on a regular basis, and is able to teach and coach other Counselors on effective use (when and how) of interventions.</li> </ul>		
Core Intervention Assessed	Mastery Level Observed	Reasoning/Justification/Comments
Movement	<input type="checkbox"/> K <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> H	
Scanning	<input type="checkbox"/> K <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> H	
Area Assignment	<input type="checkbox"/> K <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> H	
Beta Commands	<input type="checkbox"/> K <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> H	
Pre-Teaching	<input type="checkbox"/> K <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> H	
Encouragement vs. Praise	<input type="checkbox"/> K <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> H	
Encouragement	<input type="checkbox"/> K <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> H	
Contraband	<input type="checkbox"/> K <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> H	
Alpha Commands	<input type="checkbox"/> K <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> H	
Processing	<input type="checkbox"/> K <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> H	
Redirection	<input type="checkbox"/> K <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> H	
Distraction	<input type="checkbox"/> K <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> H	
Choices & Options	<input type="checkbox"/> K <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> H	
Re-Do	<input type="checkbox"/> K <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> H	
Power Struggle	<input type="checkbox"/> K <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> H	
Misunderstanding Child	<input type="checkbox"/> K <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> H	
Transition Time	<input type="checkbox"/> K <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> H	

## **Training:**

**The training plan shall meet the needs all staff and the population(s) served by the facilities and include at the minimum the following:**

- **Orientation, initial and ongoing training, and in-service education** ILS § 87022(c) (17) (h)(1), 87022.1(b)(2)(B), 87065(c)(2)(E), 87065(m), 87065.1
- **Identify the types of training that will be provided to staff, to include who will be required to attend the training, the number of training hours required, and who will be providing the training.** ILS § 87065(h)(1)(E), 87065.1

Please see the following pages for the SDCC-STRTP training plan, which includes each of the required items above, and includes training for all SDCC STRTP direct care staff (Counselors, Shift Supervisors, and STRTP Supervisors).

The orientation trainings listed below (1-3) must be completed before a Counselor is left with youth unsupervised (total of 64 hours of training):

1. 8 hours: First Aid and CPR Training
2. 16 hours: Safe & Positive Approaches Training
3. 40 hours: Job Shadowing Training

The following trainings are also considered orientation trainings and must be completed within 30 days of employment:

4. 8 hours: SDCC New Hire Orientation
5. 8 hours: SDCC Residential Counselor Training

In addition to the 80 hours of orientation training above, SDCC STRTP Counselors are provided a minimum of 45 hours of annual training as described in the training plan. All training within the SDCC STRTP Training Plan is conducted in a workshop, seminar, classroom setting, individual or small group setting, and documentation of successful completion of training is maintained electronically by SDCC's Quality Assurance Department and in each staff member's the personnel training record.

Training Title	Hours	Training Type/Description & Objectives	Trainers	Must be completed...
Safe & Positive Approaches (SPA)	16	<p>Composed of three training sessions:</p> <ol style="list-style-type: none"> <li>1) Staff Effectiveness;</li> <li>2) Safety Techniques; and</li> <li>3) Personal Emergency Interventions</li> </ol> <p>Teaches staff how to provide trauma informed crisis prevention and intervention. Staff assessments (knowledge and physical) are performed at the end of each training session.</p> <ul style="list-style-type: none"> <li>• Session 1: Explores the youth basic needs, sources of youth stress and the ability to eliminate or teach youth to cope with stressors, how to recognize crisis situations, de-escalation techniques, the counseling process, the effects of trauma on youth, and the provision of universal trauma informed care (TIC).</li> <li>• Sessions 2 &amp; 3: Teaches staff each how to safely implement physical evasion techniques and holds (as a last resort) when dealing with youth in crisis.</li> </ul>	SDCC Certified SPA Trainers	Before being left alone with youth and annually thereafter
First Aid, CPR, & AED Training	8	<p>Teaches staff how to respond to a medical emergency.</p> <ul style="list-style-type: none"> <li>• How to save a life</li> <li>• How to prevent an injury or condition from worsening</li> <li>• How to relieve anxiety, pain, and discomfort</li> </ul>	SDCC Certified Trainers	Before alone with youth; every 2 years thereafter
Job Shadowing	40	<p>Newly hired Counselors follow and observe experienced facility personnel performing the following job-related duties throughout the 40-hour shadowing period. Many of these activities are performed throughout the 40 hours, but some are dependent on the week's activities, incidents that occur, the acuity of current youth served, and etc.</p> <ul style="list-style-type: none"> <li>• Interacting with youth in a trauma informed manner</li> <li>• Developing and facilitating process groups</li> <li>• Maintaining therapeutic relationships and professional boundaries</li> <li>• Providing active supervision</li> <li>• Fulfilling documentation/reporting requirements</li> <li>• Using common program materials</li> <li>• Managing meal times</li> <li>• Assisting with rec groups, therapy groups, parent education groups, youth council meetings, etc.</li> </ul>	SDCC STRTP Full Time Counselors with more than 2 years' experience and exemplary job performance	Before being left alone with youth
Defensive Driver Training	1	Identifies the concepts of defensive driving and ways they can be used by drivers to reduce the chances of collisions and resulting injuries, deaths, and financial losses.	Independent Training-Manual & DVD	Prior to driving on behalf of SDCC
SDCC New Hire Orientation (NHO)	8	<p>Orientation to SDCC's services and introductory training on a variety of topics, including SDCC policies and procedures, Joint Commission accreditation standards, and applicable Federal, State, and County regulations as detailed below:</p> <ul style="list-style-type: none"> <li>• Infection prevention and control plan (IPCP), including hand hygiene, respiratory etiquette, universal precautions, and blood borne pathogens</li> <li>• Mandated reporting requirements</li> <li>• Privacy and security regulations, including HIPAA</li> <li>• Workplace harassment and violence</li> <li>• Youth &amp; family rights</li> <li>• Maintaining therapeutic and professional boundaries</li> <li>• SDCC's Emergency Management Plan (EMP)</li> <li>• Cultural competency and sensitivity related to all youth and families served</li> <li>• TIC and methods to behaviorally support children impacted by trauma</li> </ul>	SDCC Leadership	Within 30 days of hire and some portions are required annually (e.g. Privacy & Security, Boundaries, IPCP, EMP, etc.)

SDCC STRTP Counselor Training	8	<p>Orientation training on STRTP services, CA CCL Title 22 regulations and STRTP requirements, and Counselor job description, including:</p> <ul style="list-style-type: none"> <li>• Overview of STRTP and services, including SDCC STRTP philosophy, recreation activities and resources, music program, ILS Program, community outings, activities, and resources, clubs, etc.</li> <li>• SDCC internal policies and procedures</li> <li>• Child care worker's self-awareness</li> <li>• STRTP personnel roles, including case staffing and the designated staff member(s) applying the reasonable and prudent parent standard</li> <li>• STRTP teamwork and communication among personnel, and with youth and CFT Members</li> <li>• Overview of referral sources (e.g. CWS, Probation, school districts, insurance, etc.)</li> <li>• Characteristics of the youth population and adjustment to congregate care</li> <li>• Personal rights of youth and SDCC grievance procedure for youth and families</li> <li>• Role of placement workers</li> <li>• Discipline policies, positive discipline and the importance of self-esteem</li> <li>• Active supervision</li> <li>• Serious Incident Response: runaway plan, emergency intervention plan (including when/how to involve law enforcement in response to a serious incident), and proper documentation of serious incidents</li> <li>• STRTP procedures, including food handling, van procedures, and required documentation</li> <li>• Medication administration procedures and side effects</li> <li>• Community resources and activities</li> <li>• The Federal Indian Child Welfare Act and relevant information</li> </ul>	SDCC STRTP Training Specialist	Within 30 days of hire
Applicable EBP Training	TBD	Evidence Based Practice (EBP) training is provided as needed and based on current practices determined by SDCC STRTP Leadership and/or SDCC Leadership, and may include, but is not limited to: Aggression Replacement Training; PeaceBuilders; Collaborative Problem Solving; Question, Persuade, and Refer, Seeking Safety, etc. The number of hours EBP training is dependent on EBP requirements.	SDCC Certified Trainers and/or External Consultants	As needed
California Code of Regulations, Title 22	1	Teaches staff the regulatory requirements for congregate care and the most common citations in the following areas: medications, physical plant & vehicles, youth rooms and bathrooms, supplies, food services, personal property, observation of children, records, serious incident reporting, administration, and activities.	SDCC STRTP Leadership or Training Specialist	Within 30 days of hire
Child Abuse: Risk Factors, Reporting & Effects	1	Expands on the initial mandated reporter training by also discussing signs and symptoms of abuse and neglect; examines risk factors for various youth, specifically including commercially sexually exploited youth; and explores the effects of child abuse on the victim and victim's family.	SDCC STRTP and/or SDCC Leadership	Annually
Child and Adolescent Development: Introduction	1	<p>Teaches the developmental process and stages of development in childhood and adolescence, including:</p> <ul style="list-style-type: none"> <li>• Understanding the role mastery in fostering healthy development and the different potential pathways to a sense of mastery</li> <li>• Identifying how environmental influences can potentially outweigh negative effects of exposure to harmful childhood experiences</li> <li>• Identifying multiple sources of potential intellectual strength and talent</li> <li>• Identifying behavioral and emotional signs of grieving in youth experiencing separation and loss.</li> <li>• Understanding sexual orientation, gender identity and gender expression</li> </ul>	SDCC STRTP and/or SDCC Leadership	Annually

Child and Adolescent Development: LGBTQ Youth	2	<p>Teaches a foundational understanding of the terms and concepts related to sexual orientation, gender identity, and gender expression (SOGIE) by normative adolescent development and about the “coming out” process for lesbian, gay, bisexual, and transgender youth through the following:</p> <ul style="list-style-type: none"> <li>Teaching relevant terminology for discussing the concepts of SOGIE</li> <li>Learning the process by which youth develop individual identity, including SOGIE</li> <li>Learning about the process through which many youth disclose their SOGIE (“coming out”)</li> <li>Deconstructing myths and stereotypes about LGBTQ youth</li> <li>Discussing how others’ responses to a youth’s coming out may enhance positive and healthy development, or contribute to negative health, behavioral health, and developmental outcomes</li> </ul>	External Consultant	Annually
Child Care Worker’s Self Awareness	2	Teaches self-awareness by: exploring the introspective process, and awareness of personal strengths, weaknesses and values; teaching objectivity in relationships; reviewing the importance of the child care worker’s role and performing within it, impact of trauma to youth and staff; and teaching practical strategies to help identify signs of compassion fatigue and ways to prevent and reduce symptoms.	SDCC STRTP Training Specialist	Annually
CSEC Youth: Awareness, Care, & Supervision	1	Provides awareness and identification of commercial sexual exploitation and best practices for providing care and supervision to commercially sexually exploited children	SDCC Leadership or External Consultants	Annually
CWS Core Practice Model	1	Provides an overview of the Child Welfare Services Core Practice Model, including the six key practice components: prevention, engagement, assessment, planning and service delivery, monitoring and adapting, and transition.	SD County CWS Representative	Annually
Cultural Competency	4	Teaches staff to recognize and understand the complexities and impact of specific cultures on service delivery by: considering their own biases; learning to integrate professional cultural mandates and personal cultural influences to meet the needs of those youth; and identifying culturally appropriate practices. May include training on various cultures of youth and families, including: Foster care, LGBTQ, Native American, African American, Hispanic, etc.	External Consultants	Annually
Emergency Management & Environment of Care Plans (Disaster Response)	1	<p>Thoroughly reviews SDCC emergency management plan and environment of care plan, and includes review of the following action plan activities and emergency preparedness procedures:</p> <ul style="list-style-type: none"> <li>Safety (SDCC Safety Committee, preventative maintenance, inspections, and equipment);</li> <li>Security (maintenance, visitors, reporting, vehicles, lockdown drills);</li> <li>Hazardous materials and wastes (storage and disposal, spillage, vendors);</li> <li>Emergency preparedness (drills schedule);</li> <li>Life safety equipment and systems maintenance (fire extinguishers, lighting and signs, fire alarm/suppression and sprinkler systems);</li> <li>Emergency drills and supplies;</li> <li>Campus evacuation site identification and maintenance;</li> <li>Emergency procedures and disaster response (fires, earthquakes, life safety, bomb threats, terrorist threats, maintenance emergencies, campus lockdown)</li> </ul>	SDCC Safety Coordinator	Annually
Family Centered Services	3	Teaches staff the unique features of “Wraparound services” and how these services address needs of the youth and family; teaches the importance of a youth’s sibling and family relationships; identifies family centered and family friendly practices and their importance in addressing the emotional and educational needs of youth and families; and identifies ways staff can enhance and expand family centered and family friendly practices at SDCC.	SDCC WrapWorks Program Staff	Annually

Infection Prevention & Control Plan	1	This internal training is based on SDCC's, Joint Commission approved, Infection Prevention and Control Plan, which includes information on the following procedures: hand hygiene; respiratory etiquette; standard (universal) precautions and blood borne pathogens, i.e. personal protective equipment, cleaning, disinfecting and sterilizing, and infectious waste disposal; and SDCC's influenza vaccination and employee health program.	SDCC STRTP Nurse Manager, or Nurse (LVN or RN)	Annually
Interventions Toolbox	8	Provided within 30 days of hire and every 6 months thereafter. This training is based on the components of Building Effective Schools Together, a strength-based EBP that highlights youths' successes and achievements, and mistakes are opportunities for learning and practice. The training emphasizes to staff the importance of teaching, modeling, practicing, and reinforcing, and provides instruction on the use of various levels of interventions (core, early, secondary, emergency, and consequence) and how to avoid common pitfalls when implementing these interventions.	SDCC STRTP Training Specialist	Annually
Therapeutic & Professional Boundaries	2	Teaches guidelines in creating and maintaining clear clinical relationships and professional boundaries and includes a review of the following: SDCC's professional boundaries policy; danger signs of boundary violations; inappropriate staff behavior; appropriate interaction with youth and families; and required reporting.	SDCC Quality Assurance Director	Annually
Managing Difficult Behaviors	2	Two, one-hour trainings: <ul style="list-style-type: none"> <li>Part 1 identifies strategies likely to increase desired youth behaviors at school, on the playground and in the youth's living environment; and identifies strategies to reduce incidents of harmful behavior and to enhance the transfer of new behaviors.</li> <li>Part 2 teaches staff about ADHD and Mood Disorders among youth and identifies how structure, brevity and variety are important in the youth's day, how practical strategies increase the youth's ability to stay on task and follow directions, and practical strategies that can help youth more effectively manage their actions and emotions.</li> </ul>	SDCC STRTP and/or SDCC Leadership	Annually
Emergency Response and Medication Administration	1	Identifies safety precautions related to the handling of meds, including the five "R's" of medication administration; identifies benefits, side effects, and allergic reactions to meds; discusses adverse reactions common to the meds prescribed at SDCC; reviews medication administration procedures, guidelines for therapeutic and appropriate PRN medication administration, and medication packaging procedure for off grounds activities.	Nurse Manager, or designee who is either an LVN or RN	Annually
Population Served & Youths' Adjustment to Congregate Care	1	Provides staff with an introductory training on the population served by SDCC's STRTP and the adjustment of those youth to congregate care by: exploring common behavior problems and psychological disorders of the population; identifying co-occurring risks confronting STRTP youth and their families; identifying permanence, well-being, and educational needs of STRTP youth, identifying common co-occurring sources of vulnerability confronting STRTP youth; gaining an understanding on how the congregate care helps minimize these risks; understanding the feelings of shame and blame experienced by youth and families; and identifying ways staff can communicate with STRTP youth and families to enhance trust and hope.	SDCC STRTP and/or SDCC Leadership	Annually
Privacy & Security Training	1	Reviews the SDCC's security and privacy policies, including: information that must be protected under privacy laws and how to protect that information; patient rights; staff's role in maintaining privacy and security of protected information; the role of SDCC's Privacy and Security Officers; reporting requirements; and the consequences for violations.	SDCC Quality Assurance Director	Annually
Placement Agency/Referral Sources Overview	1	Provides an overview of placement agencies and referral sources and the placement process and requirements for each, including: Probation; CWS; school districts; private pay; insurance; and Adoptions Assistance Program	SDCC STRTP Intake & Outreach Manager	Annually

Promoting Gender Inclusivity & Affirmative Care	1.5	Provides introductory training on: the provision of inclusive and affirming care for all youth, including transgender and gender non-conforming youth; SDCC policies and rights of transgender and gender non-conforming youth; experiential learning on gender identification and non-conformity; best practices in providing care; and making mistakes.	SDCC STRTP Clinical Supervisor	Annually
Serious Incident Reporting (SIR)	2	Reviews SDCC's STRTP documentation procedures of serious incidents: defining serious incidents; when and how to document serious incidents; identification of timeframes for submission; identification and definition of precipitating events; when to fill out a supplemental form and who to notify when an SIR occurs.	SDCC STRTP Training Specialist	Annually
Serving Nonminor Dependents	1	Explores the best practice approaches to providing care and supervision to nonminor dependents; reviews provisions, benefits, and requirements of AB 12 legislation; reviews basic facts and needs of emancipating foster youth; explains the role of the Shared Living Agreement and differences in working with nonminor dependents compared to other STRTP youth.	SDCC STRTP Leadership	Annually
Substance Abuse and Co-Occurring Disorders	1	Explores the prevalence of substance abuse among children and adolescents; discusses the link between trauma and substance abuse; identifies common drugs of abuse and symptoms, and the different methods in which SDCC screens for and treats youth with co-occurring disorders; and reviews proper procedures to follow if a youth is found to be under the influence and/or in possession of contraband.	SDCC Certified Alcohol & Drug Counselor	Annually
Trauma Informed Care (TIC)	4	Reviews the prevalence of trauma in the lives of STRTP youth, including abuse, traumatic grief, domestic violence, disasters, multiple traumatic events, etc.; explores the profound psychological and social effects of trauma and how these effects can influence behavior; teaches strategies that support a trauma informed service environment and current trauma treatment services.	SDCC STRTP Training Specialist	Annually
TIC: Exposure to Traumatic Childhood Experiences	2	Two, one-hour trainings that discuss the exposure to traumatic childhood experiences and their effect, and includes identification and review of the following: <ul style="list-style-type: none"> <li>Types of traumatic childhood experiences (e.g. grief and loss and child abuse and neglect);</li> <li>Difference between type I and type II traumatic experiences and strategies to address each;</li> <li>The importance of legitimizing and validating children's traumatic life experiences, while also addressing potential behavioral after effects that pose behavior management problems;</li> <li>Behavioral, developmental, psychological and physiological issues that can result from exposure to traumatizing childhood experiences;</li> <li>The role that a sense of empowerment can play in healing from effects of sexual trauma;</li> <li>Ways of structuring the treatment environment so sexual acting out behavior can be prevented;</li> <li>The difference between sexual behavior that is age appropriate versus sexual behavior that is not</li> </ul>	SDCC Certified/Qualified Trainer, i.e. Registered or Licensed Clinician	Annually
Treatment Planning	1	Teaches staff the importance of treatment planning and includes: learning the roles of Child and Family Team members in treatment planning; discussing the importance of a youth's individualized treatment plan goals and objectives; reviewing the rights of youth and families in the treatment planning process; and reviews the Needs and Services Plan.	SDCC STRTP Leadership	Annually
Foster Youth Education Laws	1	Serves as an introductory training for staff on the educational rights of California's foster youth, and includes a review of the existing laws and procedures regarding the safety of foster youth at school, and teaches staff how to talk with youth about violence and bullying in school and how to be advocates for youth to help ensure they can attend school in an environment that is free of harassment and violence.	SDCOE Foster Youth Services Staff	Annually



The following trainings are required of other SDCC STRTP staff (admin, clinical, nursing, intake, life skills, etc.) as noted:

Training & Content	Required	Length	Trainer/s	Required of
Code of Conduct & Conflict of Interest Policy	At hire & Annually	30 min	SDCC HR Dept.	All staff
Job Specific Training	W/in first week of hire	TBD (8-24 Hours)	SDCC STRTP Supervisors & Managers	All staff
Documentation Training: <ul style="list-style-type: none"> <li>Medi-Cal Documentation Requirements</li> <li>CCL Documentation Requirements</li> <li>Serious Incidents</li> <li>Daily Notes &amp; Communication Logs</li> <li>Job specific notes and record keeping (e.g. nursing notes, med admin record, etc.)</li> </ul>	W/in 2 weeks of hire & as needed	3-6 Hours	County of San Diego-BHETA eLearning and SDCC STRTP Clinical Supervisor	All staff as applicable
SDCC New Hire Orientation: <ol style="list-style-type: none"> <li>SDCC Overview (mission, vision, services)</li> <li>Cultural Competency</li> <li>Trauma Informed Care</li> <li>SDCC Infection Prevention &amp; Control Plan</li> <li>Mandated Reporter Requirements</li> <li>Privacy and Security</li> <li>Professional Boundaries with Youth</li> <li>SDCC Emergency Management Plan (Disaster &amp; Safety)</li> <li>Youth/Family Rights</li> </ol>	W/in 30 days of hire	8 Hours	SDCC CEO, Directors & Managers	All staff
First Aid/CPR & AED Certification	W/in 30 days of hire & Biannually	8 Hours	Internal	All staff as applicable
County MIS: Cerner Behavioral Health	W/in 30 days of hire	10 Hours	Optum San Diego	All staff billing Medi-Cal
Pathways to Wellbeing: Introduction & Booster Trainings		4-8 Hours	San Diego County-BHETA eLearning series	All clinical staff
Outcomes Measures (CAMS & CFARS)		1 Hour	SDCC STRTP Clinical Training Specialist & SDCC Outcomes Analyst	All clinical staff
Overview of BHS-CYF		1 Hour	SD County-BHETA eLearning	All staff billing Medi-Cal
Safe & Positive Approaches	W/in 3mos of hire & Annually	16 Hours	Internal certified SPA trainers	All staff
Applicable EBP Training: PeaceBuilders, Trauma Focused-Cognitive Behavioral Therapy; Motivational Interviewing, etc.	W/in 6mos of hire & as needed	Based on EBP	Internal and external certified EBP trainers	All staff as applicable
Trauma Informed Care	Included in SDCC's New Hire Orientation & required annually	4 Hours	Internal & External Trainers	All staff
Cultural Competency		4 Hours	Internal & External Trainers	All staff
Infection Prevention & Control Plan		30min	Internal	All staff
Emergency Management Plan		30min	Internal	All staff
Maintaining Professional Boundaries		1 Hour	Internal	All staff
Security/Privacy & False Claims Act		1 Hour	Internal	All staff
Supervisor Training	Annually	2 Hours	Internal	All supervisors and managers
San Diego County BHS Disaster Training		1.5 Hours	San Diego County-BHETA eLearning	5% of staff per BHS-CYF contract
Clinical trainings to maintain registration or licensure	Biannually	36 Hours	Internal & External	All clinical staff
Sexual Harassment		2 Hours	External	All staff
Trainings to maintain STRTP Administrator Certification		40 Hours	External	As applicable
Pathways to Wellbeing: CFT Facilitation	As offered	4 Hours	SD County-BHETA	All clinical staff
CWS Core Practice Model	As offered	1 Hour	SD County CWS Rep	All clinical staff

## **San Diego Center for Children STRTP Facility Manager Training Plan:**

### **Training Requirements & Activities**

The SDCC STRTP Facility Manager Training is a two to three-hour training, provided in a classroom setting and is required of all SDCC STRTP staff who serve as Facility Managers. The training is provided by the SDCC STRTP Training Specialist or a certified STRTP Administrator, who is knowledgeable of applicable CCL regulations, including the STRTP Interim Licensing Standards.

In addition to the classroom training, a training posttest and trainer evaluation is administered at the end of the SDCC STRTP Facility Manager Training, and a certificate is issued to all staff as proof of successful completion. The certificate of completion is maintained in the staff member's personnel file.

### **Learning Objectives**

At the end of the SDCC STRTP Facility Manager Training, individuals will be able to answer the following questions:

1. What authority does the CCL Program Analyst have regarding inspection of records, talking with youth and staff, and/or inspecting the physical plant at SDCC?
2. When can you appeal an action taken by Community Care Licensing?
3. Who should you talk to first if you disagree with an action taken by Community Care Licensing?
4. What is the role of the Director, designated staff, or Facility Manager when a CCL Analyst calls or arrives at the facility?
5. Describe the circumstances under which the police should be called to come to the facility.
6. What is the role of the youth's authorized representative regarding the youth's placement and the services provided by SDCC?
7. List five youth rights, and where a complete list of youth rights can be found.
8. Who has the authority to deny a youth or parent rights, and under what circumstances?
9. What are the most common areas of citation?
10. Who is responsible for making sure that medications are properly stored and administered?
11. List four regulatory requirements regarding medication administration.
12. What issues (safety, health, and environment of care) should be noticed when a leadership staff is walking through the facility?
13. What temperature should the hot water be for the cottage or unit?
14. List ten important food service requirements a leadership staff can evaluate when s/he is walking through a cottage or unit.
15. List four important requirements for youth records and/or personnel records that should be met.
16. List two important personal property regulatory requirements for youth.
17. Under what conditions can youths be left unsupervised?
18. What is the process for reporting serious incidents and how does it relate to the quality improvement process?
19. What are the administrative regulatory requirements regarding disaster and fire drills?
20. List three requirements regarding STRTP planned youth activities.

Please see the following page for the SDCC STRTP Facility Manager Training Outline.

## SDCC STRTP Facility Manager Training Outline

- I. Overview of the Organization (5 min)
  - A. Organizational Chart
  - B. Board of Directors
- II. Laws/Regulations, Policies, and Procedures Governing SDCC's STRTP (20 min)
  - A. Community Care Licensing & Title 22 Regulations
  - B. Foster Care Rates Bureau
  - C. Health and Human Services Agency
  - D. Institutions Evaluation Unit
  - E. Emergency Screening Unit
  - F. SDPD
  - G. Child Protective Services
  - H. Labor Laws
  - I. CA State Laws
  - J. CA Education Code
  - K. SDCC Employee Handbook & Clinical Policy and Procedure Manual
- III. Interaction/Policies/Procedures Related to: (20 min)
  - A. Placement Agencies
  - B. Other Mental Health Agencies
  - C. Family Members and Child Family Teams
  - D. Community Members/Neighbors
  - E. Law Enforcement
  - F. Medical/Emergency Personnel
- IV. Community Care Licensing (15 min)
  - A. Investigation Process
  - B. Inspections, Compliance Deficiencies, Plan of Correction, and Penalties [80052, 87051]
  - C. Administrative Review and Appeals [80055]
  - D. Analyst Role [80044, 87044-87045]
- V. Facility Manager Role [87065] (15 min)
  - A. Training requirements
  - B. On grounds always when youth are present
  - C. During a visit/inspection/investigation
  - D. If you disagree with a citation or Agent's actions
- VI. Reporting Regulations [80061, 87061] (10 min)
  - A. What needs to be reported?
  - B. Who does it need to be reported to?
  - C. Reporting Process
  - D. Performance Improvement
- VII. Personal Rights [80072, 87072] (10 min)
  - A. Rights of consumers
  - B. Authority to deny certain rights and under what conditions (e.g. dangerous behavior, threats, etc.)
- VIII. Serious Deficiencies [80051, 87051] (5 min)
- IX. Medication [80075,87075] (5 min)
  - A. Responsibility for proper storage and use of medication
- X. Physical Plant/Environment of Care & Safety [80087, 87087-87088.3] (10 min)
  - A. Grounds
  - B. Vehicles
  - C. Program Facility
  - D. Bedrooms
- XI. Hot Water [80088] (2 min)
- XII. Food Service [80076, 87076] (5 min)
- XIII. Youth Records [80070, 87070] (5 min)
- XIV. Personnel Records [80060, 87066] (5 min)
- XV. Youth Supervision [87078] (5 min)
  - A. Staff/Child Ratios [87065.5]
- XVI. Disaster Response & Drills [80023] (10 min)
  - A. SDCC Emergency Management Plan
- XVII. Planned SDCC STRTP Planned Activities [87079] (5 min)

- **Identify the organizational strategies to enhance the well-being, retention, and resilience of staff.** ILS § 87022(c)(6)(C)

Staff retention and wellbeing is critical to providing quality services and is of utmost importance to SDCC. Our organization has had great success at retaining employees. Excellent retention is a product of many different factors. SDCC utilizes the following practices to ensure staff retention:

- Hiring the right person for the right job, ensuring the applicant knows exactly what the position entails and has the competencies and skill set needed to do the job.
- Providing adequate resources for the job, including initial and ongoing training, and other resources needed to do the job well.
- Investment in professional development of each staff member, and supervisor interest and support of staff member's professional growth interests.
- Creating career pathways within each program to support staff development, build increased knowledge and quality within the workforce, and ongoing opportunities for advancement
- Creating a positive work and organizational environment by fostering teamwork, camaraderie, and wellness.
- Monetary incentive for additional experience or certifications by offering salary increases based on job performance and length of service or for obtaining clinical license or professional certification.
- Employee Assistance Program services provided for staff to address work-related concerns (e.g. stress, financial issues, legal issues, family problems, office conflicts, and alcohol and substance abuse).

Additionally, SDCC has developed and implemented a Wellness Program, which includes a Wellness Committee with various wellness activities and events. SDCC holds an annual wellness fair to provide free flu shots and a variety of wellness information and services to all staff. Additionally, SDCC was named as a finalist in 2015 and 2016, by the San Diego Business Journal, for the Healthiest Companies of San Diego Awards. This effort to make our organization of the healthiest in San Diego also includes efforts made with youth and families, including connections to primary medical care if needed, nutrition education, and wellness resource referrals.

#### **SDCC's Policy regarding the selection, supervision, and training of volunteers:**

It is the policy of SDCC to not use volunteers to work with, i.e. provide direct services/care, clinical care, or supervision of, youth placed in the SDCC STRTP, and therefore the selection, supervision, and training of STRTP volunteers is not applicable to the SDCC STRTP.

## E. POLICIES REGARDING CHILD ABUSE/NEGLECT REPORTING

Describe the policies, procedures, and practices the facility will utilize to ensure that facility and its employees and independent contractors do not violate the terms of the “The Child Abuse and Neglect Report” which:

1. Ensure a supervisor or administrator does not impede or inhibit the reporting of duties of a mandated reporter.
2. Procedures for notifying the child’s and/or nonminor dependent’s authorized representative regarding the abuse reporting.  
ILS § 87061(h), 87095.61, 87095.69(d)
3. The staff designated as mandated reporters and what type of training they will receive in orientation and in-service.  
ILS 87065.1(c)(3)(C)

Please see the following for SDCC’s Child Abuse/Neglect Reporting Policy, which details the established procedures in practices to ensure SDCC employees and independent contractors do not violate the terms of the Child Abuse and Neglect Reporting Act:

### SDCC Policy Statement

It is the policy of San Diego Center for Children (SDCC) to ensure the safety of all youth in our care and to comply with the regulations set forth in the California Child Abuse and Neglect Reporting ACT (CANRA), *California Penal Code (PC) Sections 11164-11174.3*.

### SDCC Policy Definitions

*Mandated Reporters* - Mandated reporter professions are those in which a person, in the scope of their employment, has a special relationship or contact with children, or the home.

*Reasonable Suspicion* - “Reasonable suspicion” occurs when “it is objectively reasonable for a person to entertain such a suspicion, when based upon the facts that could cause a reasonable person in a like position, drawing when appropriate on his or her training and experience, to suspect child abuse.” “Reasonable suspicion” does not require certainty that child abuse or neglect has occurred, nor does it require a specific medical indication of child abuse or neglect.

### SDCC Policy Procedure

- Any SDCC profession falls in the category of a mandated reporter, and therefore all employees (and applicable independent contractors, e.g. contracted psychiatrists) are required to report suspected abuse to local child protective authorities, and failure to do so constitutes a crime. Therefore, all SDCC employees are required to sign a Mandated Reporter Acknowledgment Form upon hire and are trained on mandated reporting requirements within the first 30 days of employment at SDCC’s New Hire Orientation.
- Suspicions of the following, as defined in *California PC 11165.1-11165.6* (<https://tinyurl.com/jzdyr63>), must be reported in California when the victim is under the age of 18, and the perpetrator is any age:
  - physical abuse, including willful cruelty or unjustified punishment and corporal punishment or injury;
  - sexual abuse, including sexual assault and exploitation;
  - emotional abuse/damage;
  - and neglect, including general and severe.
- Possible victims of abuse and neglect will be identified utilizing established criteria (see the second page of this policy). SDCC employees are, however, reminded that none of the indicators provide conclusive evidence, but rather, must be understood in the context of all the information available.
- In the event an employee feels that s/he has reasonable suspicion that a child has experienced some form of child abuse and/or neglect, that employee is responsible for immediate notification of their Program Manager/Director, Supervisor, and the youth’s Therapist. If the Program Manager/Director, Supervisor, or Therapist is the individual suspected of abusing a child, staff must immediately notify another Manager/ Director, Supervisor, or the HR Department.
- In no instance will an employee delay making a report once s/he has reasonable suspicion, and therefore, if a Supervisor or Manager/Director is out of the office or cannot be reached, the employee should notify another appropriate Supervisor or Manager/Director.
- All suspicions of abuse and/or neglect will be immediately reported to the County Department of Social Service (DSS) Child Protective Services (CPS) Division on their 24-hour “hotline” at 858-560-2191 or 800-344-6000.
- Reporting the information regarding a case of possible child abuse or neglect to a colleague, supervisor, organizational administrator, or other person shall not be a substitute for making a mandated report to CPS.
- The Program Director/Manager is responsible for the confirmation of reporting all possible child abuse incidents.
- Reports must never be filed on behalf of another staff member.

- Instances in which two or more employees have knowledge of a known or suspected instance of child abuse or neglect, and when there is agreement among them, the report (written and phone) may be made by one employee who is selected by mutual agreement, and a single report may be made and signed by the selected employee. Any employee who has knowledge that the designated employee to report has failed to do so, shall thereafter make the report.
- For STRTP and FFA foster youth, the Program Manager or designee will contact authorized representatives within 24 hours of the initial phone report to CPS and will notify all applicable regulatory agencies (e.g. CCL, IEU, and etc.) per required timeframes.
- Information relevant to the case will be disclosed to CPS and investigating agencies.
- Assessment and treatment of victims of alleged or suspected abuse or neglect will be conducted, as appropriate, and will not interfere with investigations conducted by regulatory agencies. Programs will provide referrals for those who seek outside treatment or resources.

#### For SDCC STRTP Youth:

- If suspected physical injury has occurred, the Nurse will consult with the Program Manager in referring the child to the Children's Hospital Urgent Care or to the Children's Hospital Center for Child Protection.
- Per State of California law (SB 933) and as of July 1, 1999, all allegations are investigated by Community Care Licensing staff, which must occur within (10) days of the initial report.

#### Making the Report:

- When an employee has reasonable suspicion that child abuse has occurred, that employee is responsible for calling the Child Abuse Hotline as soon as possible (typically within one hour) with assistance provided by the applicable Program Manager, the employee's supervisor, and/or a designee.
- If reporting on situations discovered during the reporter's professional capacity or hours of employment, the Mandated Reporter is required to give his/her name.
- A Suspected Child Abuse Report (form # SS8572) must be completed and submitted within 36 hours from the time the call was made to CPS. This form can be completed electronically and submitted via the Child Protective Services' secure, online system.
- The Suspected Child Abuse Report should be printed and faxed to CPS as well. A fax confirmation sheet should be printed and attached to the Suspected Child Abuse Report.
- After the Suspected Child Abuse Report is completed and submitted electronically and faxed, it (along with the fax confirmation sheet) should be filed in a separate binder at the youth's program.

#### Immunities:

- Mandated Reporters have immunity from civil and criminal liability (unless the report was made maliciously, while knowing it was false).
- Immunity, however, does not eliminate the possibility that actions may be taken against the Mandated Reporter. Therefore, the state will reimburse up to \$50,000 in legal fees in case of a suit.

#### Safeguards:

- Mandated Reporters cannot be prevented by anyone, including their supervisor/manager or an organizational administrator, from reporting nor lose their job for making a report.
- CPS is required to keep the identity of Mandated Reporters confidential.
- Employers are required to inform Mandated Reporters of their responsibilities.
- The Program may photograph or X-ray the youth without a parent's consent.
- Physician-patient and therapist-patient privilege does not apply. However, communication with these types of entities should be limited to information directly related to the report.
- Is not required by law to inform parents of the report, however, informing the parent/s is a therapeutic decision which will be made by the child's therapist, or designee.

#### Report Retention:

SDCC shall retain child abuse or neglect investigative reports that result, or resulted in, a report filed with the Department of Justice for the same period of time that the information is required to be maintained on the Child Abuse Central Index, pursuant to PC 11169(a) and PC 11170(a).

## F. STATEMENT OF ADMISSION POLICIES AND PROCEDURE

Describe in detail the following:

### 1. Policies and procedures for acceptance/admission. ILS § 87022(c)(9), 87068.1, 87068.11, 87072(c)

**SDCC does not discriminate. The decision to accept/admit a youth to the SDCC STRTP is made regardless of Race, Religion, Gender/Gender Identity, Sexual Orientation, Ethnicity, and Emotional or Physical Handicap.** SDCC conducts evaluations to determine our ability to meet the youth's needs in the least restrictive environment. The SDCC STRTP Intake and Outreach Manager (IOM) determines if short term therapeutic residential care can best meet the need of the youth in question, considering the youth's clinical needs, as well as cultural and psycho-social issues. If another provider is required, based on the admission and continued stay criteria, the IOM, or designee, will offer alternatives to the family. Every effort is made to meet the linguistic and cultural needs of the family, and if needed, interpreter and/or sign language services are accessed.

The IOM, or designee, receives all intake referral correspondences and is responsible for the following:

- Confirmation of receipt of intake materials/packet within one business day (and typically within 24 hours)
- Initial contact and evaluation of the youth (when appropriate, suggesting alternate services)
- Collecting clinical data and distributing intake packet to the appropriate individuals
- Consulting with program managers, program therapists, or designees regarding eligibility for admission
- Providing a program packet/family handbook to the family
- Inviting parents/caregivers to tour the program
- Consulting with all treatment team/CFT members, including but not limited to: Mental Health Representative, Educational Representative, Therapist, Parent/Caregiver/Authorized Representative, Counselor Staff
- Maintaining communication with the referring party/placing agency regarding the status of the referral and intake process, and providing a decision regarding acceptance or denial of the referral within 10 business days

#### Intake

SDCC's intake process considers the wellbeing of youth and their families by collecting data and assessing their needs in a way that efficient and trauma informed. The process is designed to find the program which is best suited to their needs and to target basic goals. The structure also acquaints the family with the program objectives and staff. It provides an opportunity for the family to voice concerns and expectations. Treatment and services may also be discussed.

**The following staff are responsible for all SDCC STRTP intakes:**

- SDCC STRTP Intake and Outreach Manager; and
- 3 SDCC STRTP Intake and Care Coordinators.

#### Admissions to the SDCC STRTP STAR Program

- The IOM collaborates with CWS to determine if the referred youth is appropriate for placement in the STAR Program, and if indicated, seeks placement approval from the Inter-Agency Placement Committee and/or Protective Services Manager.
- For youth referred to the STAR Program, SDCC requests documentation indicating legal rights.

#### Admission Criteria

The IOM, or designee, determines if a youth meets the following criteria for admission:

- Seriously emotionally disturbed youth (age 6 through 17 years old) who have a mental disorder as identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, other than a primary substance use disorder or developmental disorder, which results in behavior inappropriate to the child's age according to expected developmental norms, and as a result of the mental disorder the child has substantial impairment in at least two of the following areas: self-care, school functioning, family relationships, or ability to function in the community; and either of the following occur:
  - The child is at risk of removal from home or has already been removed from the home.
  - The mental disorder and impairments have been present for more than six months or are likely to continue for more than one year without treatment.
  - The child displays one of the following: psychotic features, risk of suicide or risk of violence due to a mental disorder.
  - The child has been assessed pursuant to Article 2 (commencing with Sect. 56320) of Chapter 4 of Part 30 of Division 4 of Title 2 of the Ed Code and determined to have an emotional disturbance, or a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance:
    - (1) An inability to learn that cannot be explained by intellectual, sensory, or health factors.
    - (2) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
    - (3) Inappropriate types of behavior or feelings under normal circumstances.
    - (4) A general pervasive mood of unhappiness or depression.
    - (5) A tendency to develop physical symptoms or fears associated with personal or school problems.



- Documentation that the youth has failed to respond to an adequate trial of less restrictive treatment interventions
- Transition of the youth from another acute care facility or STRTP and/or all other less restrictive intensive alternatives have been considered and ruled out as inappropriate
- Intellectual capacity to benefit from program
- Sufficient motivation to participate in the program
- Fully ambulatory

#### Characteristics of Population Served to Ensure Commonality of Need

- Multiple mental health diagnoses or complex diagnostic presentation that impedes age appropriate functioning
- Chronic harmful behaviors (more than six months in duration) including aggression and self-destructive behaviors
- School failures and multiple school placements due to mental health and behavioral impairments
- Symptoms and behaviors that have been resistant to previous therapeutic intervention
- Inability to maintain safety in a home or family environment

All youth referred are given careful consideration to ensure there is a commonality of need among the current population and the youth will benefit from the treatment and services provided by SDCC STRTP. This is determined through an individualized semi-structure screening evaluation by a licensed or licensed eligible clinician including records review of referral materials, coordination of care with placing agency representative, consideration of available supplemental supports, and whenever possible an interview with youth and/or caregivers. Based on this thorough and collaborative evaluation, if it is determined that the youth has safety and care needs the SDCC STRTP is not able to effectively meet, even with supplemental supports, or that there is clear lack of commonality of need with the typical population in care (per ACL 17-122), the youth will be referred to other specialized treatment providers. Careful consideration will be given to the services needs of youth with the following:

- |  |   |
|--|---|
| • History of arson   | • Acute medical needs   |
| • Imminent risk for homicide and/or suicide                                  | • Diagnosis of pedophilia   |
| • Predatory aggressive or sexual attacks or high risk of sexual perpetration | • Gang involvement  |
| • Use of a weapon causing harm to others                                     | • Primary substance abuse diagnosis                                     |
| • Current high risk/active CSEC involvement                                  | • Intellectual Disability (Severe to Profound)                          |
|  | • Autism Spectrum Disorder, severe (requiring very substantial support) |

**Please see the following page for the SDCC STRTP Admission Screening Form.**

**SDCC STRTP Referrals - Admission Screening Form**

Referral Date: \_\_\_\_\_

**Demographics:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

☐ Male ☐ Female ☐ Trans-Identifies as Female ☐ Trans-Identifies as Male ☐ Gender Non-Conforming

Ethnicity: \_\_\_\_\_ Race: \_\_\_\_\_

Current Placement: \_\_\_\_\_ Length of Time in Current Placement: \_\_\_\_\_

Referral Source: \_\_\_\_\_ Funding Agency and Worker: \_\_\_\_\_ Fax: \_\_\_\_\_

Most Recent Dx(s): \_\_\_\_\_

Psychological Testing? ☐ Y ☐ N (If yes, is a copy available?) \_\_\_\_\_**Substance Abuse:** Recent/Current? ☐ Y ☐ N If yes, explain: \_\_\_\_\_**Medications:**

Current medications and dosage: \_\_\_\_\_

Current JV220? ☐ Y ☐ N Med compliant? ☐ Y ☐ N If no, explain: \_\_\_\_\_**Psychiatric Hospitalizations:** \_\_\_\_\_**Custody:** Who has custody of child? \_\_\_\_\_ Address/Phone: \_\_\_\_\_**Education:**Educational Status: IEP? ☐ Y ☐ N Current: ☐ Y ☐ N Most recent: \_\_\_\_\_

Educational placement on IEP: \_\_\_\_\_ Current school/grade: \_\_\_\_\_ Who has Educational Rights: \_\_\_\_\_

**Family/Dynamics/History** (i.e. family mental health history, bio and adoptive family history if applicable, etc.): \_\_\_\_\_**Presenting Behaviors/Concerns:** \_\_\_\_\_**Strengths:** \_\_\_\_\_**Triggers:** \_\_\_\_\_**Placement History** (type and #): \_\_\_\_\_**Medical:**

Acute Medical Needs or Medical Issues/Concerns: \_\_\_\_\_

Dietary Issues and/or Allergies: \_\_\_\_\_

**High Risk Concerns:**☐ CSEC ☐ Arson ☐ Current homicide/suicide ☐ Pedophilia ☐ Gang involvement ☐ Recent use of weapon toward others☐ Predatory sexual attacks ☐ Sexual perpetration ☐ Other

Explain: \_\_\_\_\_

**Intellectual Disabilities or Autism Spectrum Disorders:** \_\_\_\_\_**Outcome/Recommendation:** \_\_\_\_\_

Signature/Credentials of Intake Staff/Screeners: \_\_\_\_\_ Screening Date: \_\_\_\_\_

**2. Criteria for evaluating and assessing children and nonminor dependents upon admission** ILS § 87022.1(b)(8), 87068.1(d), 87068.11(e)

Orientation and Admission Procedure

During the initial orientation meeting, the IOM completes an intake packet with the youth's parents/caregivers/authorized representative on the day of admission, and all necessary intake paperwork is signed by the youth's parent/caregiver/authorized representative. If possible, some intake forms are provided to the parents/caregivers/authorized representative in advance to help decrease the amount of time this process takes, and if applicable, any questions regarding the intake packet are addressed at the orientation meeting.

Admission procedures, which include orientation and education of the youth and family to the program, are provided in the following manner:

- A program manual is provided to, and reviewed with, parents/caregivers/authorized representative, which includes program information on: the behavior system, disciplinary policy, grievance process, emergency intervention plan, etc.
- A youth program manual with relative information, including the grievance process, rules and routines, activities, etc., is provided to, and reviewed with, the youth and in the presence of the parent/caregiver/authorized representative
- Families are informed of the array of services offered and the expectation of involvement in family therapy
- Youth have belongings inventoried and are provided a bedroom
- Youth and families receive medication in-service by nursing staff if applicable
- Youth and families participate in development of the initial treatment plan, and at which point each youth is given introductory treatment objectives focused on learning rules/routines in the program and participation in therapeutic activities
- The youth is then taken to nursing where he/she will be weighed, measured, and will discuss any known allergies; if the youth is on medication, the nurse informs the consulting psychiatrist who reviews the medical information and approves assistance with the self-administration of medication
- Two photographs are taken of the youth: one for nursing; and one for the youth's medical record
- The youth, and family if applicable, are introduced to the program manager, the youth's therapist, and program staff
- The IOM informs all necessary SDCC staff and applicable providers/agencies/districts regarding placement

Assessment

Assessment is the first part of the treatment planning process. Information is obtained from, but not limited to, the youth's history and physical; direct observation of the youth; statements made by the youth and the youth's family; presenting problems upon admission, family functioning, social functioning, academic function, IEP goals, and outcome measures; Independent Living Skills (ILS), if applicable, and assessments from the members of the multidisciplinary team. Assessment is an ongoing process that continues throughout the youth's treatment and involves all treatment team/CFT members.

Biopsychosocial Assessment: SDCC Programs provide thorough consultative services and a comprehensive biopsychosocial assessment of youth and families, as appropriate to the youth's and family's needs. Youth and families are apprised of all recommendations for assessments, all assessments conducted, and assessment results throughout the youth's treatment by designated members of the multidisciplinary treatment team/CFT.

The bio-psycho-social assessment process may include, but is not limited to, assessments in the following areas:

- |  |   |
|--|---|
| 1. Behavioral Health/History Assessment            | 8. Psychological Testing and Evaluation                       |
| 2. Psychiatric Evaluation                          | 9. Nutritional Assessment*                                    |
| 3. Nursing Assessment                              | 10. Occupational Therapy Assessment*                          |
| 4. History and Physical Examination - Pediatrician | 11. Dental Assessment*  |
| 5. Educational Screening                           | 12. Speech, Language, and Hearing Assessment*                 |
| 6. Recreational Screening                          | 13. Specialized Assessments*                                  |
| 7. Transition needs and ILS Assessment for TAY     | 14. Other screenings as required by SDCC's accrediting agency |

(\*completed when indicated by the individual needs of the youth)

1. Behavioral Health/History Assessment

SDCC Programs provide comprehensive biopsychosocial assessments of the youth to be completed and entered into the medical record by the assigned therapist within thirty days of the youth's admission, and which must comply with the specific format requirements for clinical records and the funding source and include data in the following areas:

- The youth's name and medical record number
- Date of the history assessment
- A description of the presenting problem
- A description of the youth's culture and any impact cultural issues may have on access to services

- The number and description of previous psychiatric hospitalizations
- A description of previous psychiatric treatment
- History of high risk lethality factors and any current high-risk factors\*
- History of emotional, sexual, physical abuse, and/or any type of trauma
- Date and description of last psychological evaluation
- A description of any complications experienced by the youth's mother during pregnancy
- The youth's developmental history and milestones
- Age level of academic functioning and a description of any delayed functioning or learning disabilities
- A description of behavioral functioning
- A description of the youth's peer group, activities, strengths and interests
- History of drug and/or alcohol abuse of the youth and/or youth's family
- History of mental illness within the youth's family
- The marital status and occupations of the youth's parents/caregivers
- A description of the constellation and dynamics of the family system
- Medication history and current medications
- Medical hospitalizations, current or history of allergies or medical problems, neurological history
- Current family health status
- A legal assessment, when indicated
- A diagnostic formulation

(\*If indicated, a Suicidal/Homicidal Risk Assessment is completed by the youth's therapist and is reviewed among the treatment team/CFT and updated as needed to determine the interventions and level of support the youth will need throughout treatment.)

## 2. Psychiatric Evaluation

A psychiatric evaluation is to be completed for each youth admitted to SDCC STRTYP as indicated within seventy-two (72) hours of the youth's admission and entered into the medical record. The evaluation is conducted by a Board eligible or Board-certified child psychiatrist and complies with the specific format requirements for clinical records and the funding source.

All Psychiatric evaluations include data in the following areas:

- The youth's name and medical record number, and date of the psychiatric evaluation.
- Identifying statement which includes the chief complaint, age, current living situation, referral source, precipitating events and school placements.
- A review of the developmental history which must include a logical synthesized history gathered from previous available psychological-and medical evaluations. Specific information that composes this area should include prenatal and neonatal factors, a medical history, developmental milestones, educational history, substance abuse history, a sexual history, a detailed past psychiatric history, and a history of the present illness.
- A review of family systems which should include significant family medical and a family psychiatric history, family dynamics, and a history of physical and emotional abuses, and a brief chronological social history.
- A review of psychological testing, or a brief statement synthesizing past information gathered from any psychological tests
- A mental status exam, which describes the youth's behaviors, mannerisms, affect, thought content and process, the presence or absence of suicidal and/or homicidal ideation, important cognitive details and noted medical/neurological abnormalities. The mental status exam may be conducted and presented in any fashion deemed appropriate by the reviewing Board eligible or Board-certified child psychiatrist.
- A diagnostic listing on per current DSM criteria.
- Treatment recommendations, which should be clear, simple, and directly address justification for level of care, need for medical and lab work, need for additional assessments, pharmacological recommendations, and need for specialty services.

SDCC also requires that a psychiatric follow up note include a mental status exam, adverse reactions to psychotropic medications, improvement or worsening of target symptoms, compliance with medication regime and family or individual therapy follow up.

## 3. Nursing Assessment

Nursing history and physical assessment, and a psychiatric nursing child assessment is conducted by a nurse or med tech typically within twenty-four (24) hours of the youth's admission, but no later than three (3) days following admission. All initial nursing assessments include data in the following areas:

- **A physical assessment to include an appraisal of the youth's immunization status and last purified protein derivative (PPD) skin test to determine if the youth has tuberculosis (TB).**
  - If the PPD skin test result is positive, a referral is made to the contracted pediatrician for a chest X-ray, following which, and if necessary, the youth may be started on Isoniazid daily for 6 months due to the positive result.
  - Refusals: If a youth and/or the parents/caregivers refuse a PPD skin test upon admission and the youth does not have a current one (within the past year), the refusal is documented on a PPD Form and nursing summary. Nursing staff and the assigned therapist will continue efforts to administer the PPD skin test by encouraging and educating the youth and/or parents/caregivers on the importance of the test. Each effort made, and the subsequent results are documented in treatment and/or nursing notes. If a youth showed symptoms of TB, the program would order a blood test or chest X-ray.

- Physical status to include height, weight, and vital signs
- A review of the medical history and any current medical problems or allergies;
- History and date of last dental examination, vision, hearing, or other exams.
- History and dates of last laboratory test, EKG, or other tests.
- Review of biological family history.
- Review of medication history
- A screening for current or chronic pain.
- A nutritional screening to include weight gain or loss, complaints about or inadequate intake at meals, food allergies, gastrointestinal problems, lab values for hemoglobin and hematocrit, special diet orders, nursing comments/referrals for nutritional counseling
- A physical assessment summary
- A psychiatric nursing assessment to include an assessment of the youth's mental status; social status; hygiene and ADL ability; safety risk and lethality factors; favorite activities; perceived strengths; insight into current admission; perceived goals for discharge; and admission observation status.

#### 4. History and Physical Examination-Pediatrician

A licensed pediatric physician (contracted with SDCC) completes a medical history and physical exam for all youth within five (5) calendar days of admission. The following areas are included in the documentation of the medical history and physical examination:

- |  |  |
|--|--|
| • Youth's name and medical record number | • Summary of the youth's medical history   |
| • Name of Pediatrician                   | • Summary of the youth's family history  |
| • Date of physical examination           | • A review of systems  |
| • Any current complaints                 | • The results of the physical examination  |
| • Height, weight, and vital signs        | • Physician's orders and/or recommendations for laboratory studies, other medical evaluations/consultations, special diets, or medications |
| • Allergies                              |  |

#### 5. Educational Screening

For youth who do not have an IEP, educational screenings are completed by the teacher and/or therapist, and the purpose is to identify individuals for whom an educational assessment is indicated. If an educational assessment is indicated, the youth will be referred to their school district. Identified educational needs are included in the youth's Needs and Services Plan.

#### 6. Recreational Screening

A recreational screening is completed within thirty (30) days of the youth's admission by the Recreation Services Manager, and includes a survey administered to the youth to determine the youth's activity interests and observation of their physical skills and strengths, social interaction and communication, and any problem areas. If indicated, identified needs are communicated to the youth's therapist and incorporated into the youth's Needs and Services Plan.

#### 7. Independent Living Skills (ILS) Assessment

The SDCC STRTP Life Skills Program Manager and Program Coordinator work to conduct assessments and facilitate person-centered planning, including crisis prevention, for Transitional Age Youth (including NMDs). One ILS assessment used is through the ILS software program, V8 Network System (ILS V8), which is a comprehensive assessment tool and reporting package that allows clinicians to assess the teen's competency in sixteen different life skills categories. This software produces an Assessment Report, which scores the youth's assessment tests and presents the results in the form of bar graphs and percentages.

SDCC also provides TAY with Successful Transition Needs Assessment through a self-funded initiative to better meet the unique needs of TAY served by SDCC programs. Through this initiative, SDCC provides enhanced services to TAY, which includes a comprehensive assessment of the TAY's needs, core competencies, and support system. The assessment guides the transition action planning process, which is a combined effort of the youth, transition coach, and other treatment team/CFT members to develop transition plan goals and focus transition coaching services to ensure a successful transition to independence.

#### 8. Psychological Testing and Evaluation

SDCC believes youth who require residential treatment should receive high quality clinical assessment ensuring that treatment is tightly matched and individualized to measurably improve the youth's well-being and functioning. Therefore, SDCC has partnered with local universities' psychology doctoral training programs to provide intensive assessment internships under the direction of a licensed clinical psychologist. The psychological assessment team participates in all treatment team/CFT meetings, reviews and interprets all available assessments in the youth's record, and provides targeted, comprehensive psychological evaluation to inform treatment and discharge planning in collaboration with the multidisciplinary treatment team.

### Assessment of STAR Youth

In addition to the assessments listed above, youth placed in SDCC's STAR Program are evaluated by SDCC's Psychological Assessment Team to determine the need for additional diagnostic and/or cognitive testing. All evaluation results are presented in CFT meetings.

### Non-Minor Dependents

The SDCC STRTP begins discussions regarding Extended Foster Care with dependent foster youth at least one year prior to their eighteenth birthday. If a youth reaches the age of eighteen while enrolled at the SDCC STRTP, they must meet one of the following criteria to continue receiving services as a NMD, **and they must not pose a threat to children in the facility at any time**:

1. Completing high school or an equivalency program
2. Enrolled in post-secondary education or vocational school
3. Participating in a program or activity that promotes or removes barriers to employment
4. Employed at least 80 hours per month
5. Is incapable of participating in any activity, as described in 1 – 4, due to a documented medical condition

NMDs who choose to continue receiving services at the SDCC STRTP, must sign a Mutual Agreement at, or after turning, age eighteen (18), but no longer than six months after turning eighteen (18). The Mutual Agreement is signed by the NMD to acknowledge that they voluntarily agree to remain in foster care in a supervised placement as a court dependent. The Mutual Agreement provides clear expectations for both the non-minor dependent and for the SDCC STRTP.

### **3. Process for assessing children to determine commonality of needs.**

Following a thorough intake and consultation with SDCC STRTP program managers and the psychological assessment team, youth are designated to receive core therapeutic support services. All youth receive a variety of individual and family psychotherapy, group psychotherapy, rehab, psychological assessment, medication support, and crisis intervention services. Youth assignment to all groups is goal-oriented and individualized based on clinical presentation and areas of need.

Within the first month of treatment, therapists complete a behavioral health assessment, which synthesizes important historical information related to youth's mental health, family, school, and medical history. The BHA helps inform additional areas of needs and services, which are reviewed minimally each month, and informed by multiple informants (i.e. therapist, parents/caregivers, school personnel, psychiatrists). Standardized measures are completed quarterly by youth, therapists, and parents/caregivers to provide information regarding level of functional impairment, progress, and areas in need of additional supports.

**Needs for special services** (e.g. physical health care, specialized treatment, etc.), are identified during the BHA and discussed with the CFT/treatment team. The youth's assigned therapist or appropriate SDCC STRTP staff arranges for, and SDCC provides transportation to, special services as necessary.

### **4. Process for coordination with placing agency and mental health plans.** ILS § 87022(c) (15)

The Intake and Outreach Manager (IOM) is responsible for immediately notifying the referring party/placing agency that the SDCC STRTP is in receipt of the referral packet. **Notification of acceptance or rejection occurs as soon as possible, or according to regulatory agency timeframes, from receipt of the referral.**

The SDCC STRTP enters all applicable youth admitted into San Diego County's Behavioral Health Services' Management Information System to document and bill mental health services accordingly. Additionally, the SDCC STRTP notifies the San Diego County Behavioral Health Services Contracting Officer's Representative (COR) when Out-of-County Adoptions Assistance Program youth are referred who meet SDCC STRTP admission criteria.

### **5. Process for engaging and collaborating with interagency placement committee and child and family team.** ILS § 87022.1(b)(8) and (11)

For foster youth, the CFT will determine if residential care is necessary and appropriate for the youth. The CFT's recommendation is presented to the inter-agency placement committee (IPC) for approval. Therefore, most foster youth are approved for residential care by the IPC prior to STRTP referral. However, in some cases, **youth who need emergency residential placement** are referred to SDCC prior to review and approval by the IPC. In cases when emergency placement is needed, the SDCC STRTP Intake and Outreach Manager, or designee, reviews the referral information to determine if the youth meets SDCC STRTP admission criteria. If so, the SDCC STRTP Intake and Outreach Manager, or designee, notifies CWS and the youth is approved for placement through the IPC process on an emergency basis. **If necessary, emergency placements may be accepted on a time-limited and/or trial basis.**

Very soon after admission and based on discussions with the youth's CWS Social Worker and input from the youth regarding who the youth wants on the CFT, the assigned SDCC STRTP Therapist (or CFT meeting coordinator) begins contacting CFT members to schedule the initial meeting, which is held within 30 days of admission.

#### For STAR Youth

Prior to admission, the IPC or Protective Services Manager approves SDCC STRTP placement with a placement expectation of less than ninety (90) days for stabilization, assessment and reintegration. SDCC's Intake and Outreach Manager and applicable Program Manager determine eligibility for the STAR Program and collect all necessary clinical and intake paperwork.

Following acceptance and admission of a youth to the STAR Program, SDCC provides comprehensive assessments as needed, and a written recommendation for further services and level of care will be provided to the CWS social worker per discussion in the CFT meeting. Continued residential care would only be provided as indicated in the level of care recommendation and with approval from the CFT, including the CWS social worker.

CFT meetings for STAR youth will occur every thirty (30) days to review and discuss the following: progress toward stabilization goals, assessment progress and results, possible return environments, recommendation for services and level of care, transition planning including necessary resources (e.g. legal, education, recreation, etc.) to support return to home/family setting.

## **G. ADMISSION AGREEMENT (ILS § 87022)**

Upon admission, the youth and family are integrated and orientated to the therapeutic program in the following manner:

1. Program handbooks are provided to parents/caregivers or authorized representatives and youth. There is an adolescent version and child version of the youth handbook. Each handbook contains applicable SDCC STRTP policies, including the Emergency Intervention Plan, discipline policy, house rules, grievance policy, etc.
2. Families and youth are informed of the array of services offered and the expectation of involvement in treatment.
3. Upon admission, each youth's belongings are inventoried, and they are assigned a bedroom.
4. Youth receive medication in-service by SDCC STRTP nursing staff.
5. Youth and families meet with their assigned therapist and begin participating in development of the treatment plan.
6. Program staff provide supervision and observation of youth to identify areas of strengths and weaknesses to develop treatment goals and objectives.

### Non-Minor Dependents

All NMDs must sign a Mutual Agreement at, or after turning, age eighteen (18), but no longer than six months after turning eighteen (18). The Mutual Agreement is signed by the NMD to acknowledge that they voluntarily agree to remain in foster care in a supervised placement as a court dependent. The Mutual Agreement provides clear expectations for both the non-minor dependent and for the SDCC STRTP. The Mutual Agreement may be modified if requested by the NMD or recommended by SDCC STRTP staff and in consultation and agreement with the CFT.

### **Provide:**

1. **A copy of the admission agreement.**

Please see the following page for the SDCC STRTP admission agreement which is signed upon admission, or no later than seven days after date of admit.



**San Diego Center for Children Short Term Residential Therapeutic Program Consent for Treatment and Admission**

**CONSENT TO TREATMENT AND CONFIDENTIALITY:** I understand and agree that San Diego Center for Children (SDCC) complies with California law related to a minor's consent for treatment and confidentiality of information as set forth in Family Code, Section 6920-6929, Health and Safety Code, Section 123110 et. seq., Civil Code, Section 56.10 and 56.11, and Welfare and Institutions Code, Section 5328.

**INITIALS:** \_\_\_\_\_

**EMERGENCY TRANSPORTATION AND MEDICAL/DENTAL CARE AUTHORIZATION:** I hereby authorize SDCC to consent to, authorize, provide, and arrange for ambulance or other transportation as may be reasonably necessary for my child to obtain treatment in the event of an emergency. In the event I cannot be immediately contacted, I further authorize SDCC as my agent to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and in-patient or out-patient care which is recommended by, and to be rendered under the general or special supervision of, any licensed physician or dentist, whether such diagnosis or treatment is rendered at the office of a physician or at a clinic or hospital. I understand that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority to SDCC to give consent to all such diagnosis, treatment, or hospital care which a licensed physician or dentist recommends. I agree that I will be financially responsible for all costs incurred for medical and dental care and transportation for my child. This authorization is given pursuant to the provisions of Family Code Section 6910. This authorization shall be effective until I revoke it in a writing delivered to SDCC. **INITIALS:** \_\_\_\_\_

**EMERGENCY INTERVENTION PLAN ACKNOWLEDGMENT & AUTHORIZATION:** I acknowledge that I have received and reviewed SDCC's STRTP Emergency Intervention Plan (EIP). I also understand that, in the event a child becomes a physical danger to him/herself and/or others, the SDCC STRTP uses emergency intervention procedures certified by Devereux Direct Care Training Resources *Safe and Positive Approaches® (SPA) for Preventing and Responding to Crisis Program*, and that only SDCC staff members trained in the use of these emergency intervention procedures are authorized to implement them. I hereby authorize SDCC to implement SPA certified emergency intervention procedures to ensure the physical safety of my child and/or to prevent my child from harming others. **INITIALS:** \_\_\_\_\_

**FINANCIAL RESPONSIBILITY:** I accept total financial responsibility and agree to pay for all care provided or procured by SDCC for my child. **INITIALS:** \_\_\_\_\_

**GENERAL PSYCHIATRIC TREATMENT:** SDCC provides evaluation, treatment, and aftercare for youth with psychiatric problems. I understand and agree that SDCC does not and cannot guarantee or assure the results of the treatment. I hereby release SDCC and its officers, directors, employees, and agents from all liability for unforeseen complications to my child arising from such evaluation, treatment, and aftercare. I understand that this is a voluntary admission and I consent to any medical procedures and/or psychiatric treatment the physician(s) may consider necessary or advisable. **INITIALS:** \_\_\_\_\_

**PERSONAL VALUABLES:** I understand and agree that SDCC is not responsible for, and shall have no liability for, any loss or damage to my child's personal property. **INITIALS:** \_\_\_\_\_

**RECREATION/MENTAL HEALTH ENHANCEMENT ACTIVITIES:** I understand that SDCC offers a variety of active and passive recreational activities to improve my child's mental health functioning and overall wellbeing, and which may involve physical activity and may be held on or off campus. I understand that these activities may include, but are not limited to, Ropes Challenge Course, Aikido, organized sports, biking, skateboarding, horseback riding, and other activities. I consent to my child participating in the recreational activities that SDCC considers necessary or advisable. **INITIALS:** \_\_\_\_\_

**THERAPEUTIC TREATMENT PROVIDER CREDENTIALS:** I understand that the SDCC therapist providing mental health assessment, treatment, and aftercare is (i) a clinician licensed by the State of California in his or her particular discipline; (ii) a registered intern with the Board of Behavioral Sciences or Board of Psychology; (iii) or a Clinical Trainee enrolled in an accredited Master's Degree Program or Doctoral Degree Program who is eligible to provide mental health services in the State of California under licensed supervision. **INITIALS:** \_\_\_\_\_

***The undersigned certifies that he/she has read and understands the foregoing, has received a copy of this Consent, and is duly authorized to sign this Consent for, and on behalf of, my child.***

\_\_\_\_\_  
PRINTED NAME OF CHILD/YOUTH

\_\_\_\_\_  
PRINTED NAME(S): PARENT/GUARDIAN/AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
SIGNATURE(S): PARENT/GUARDIAN/AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
DATE

**2. For private placements, the admission agreement must specify the following: Basic Services; Payment Provisions; Basic Rate; Payment Due Date; Frequency of Payment; and Refund Policies.**

**San Diego Center for Children - Short Term Residential Therapeutic Program Financial Agreement**

The undersigned agrees, whether s/he is a parent/legal guardian or agent, that in consideration of the services to be rendered to the youth while at the San Diego Center for Children (SDCC) Short Term Residential Therapeutic Program (STRTP) hereby obligates the undersigned to pay the account of San Diego Center for Children.

**Initials**

- I understand the basic rate for the services\* to which the youth has been assigned and will be provided is:  
\$\_\_\_\_\_.
- I hereby authorize and assign all insurance benefits that I am entitled to receive or any other party liable to me has received, to San Diego Center for Children for any costs of treatment and care, I the undersigned being responsible for charges not covered by this assignment. (State disability benefits are assigned where applicable.)
- I understand that monthly invoices will include an itemized list of service costs and will be sent out during the first week of the subsequent month, payment is expected within 30 days of the invoice date, and the account balance is due at the time of discharge and will be paid then or no later than forty-five (45) days following discharge.
- I understand that charges from physicians, who are not employees of SDCC, will not be included in SDCC's bill.
- I understand any admission advance payment, which remains after payment of the account will be refunded only after my insurance (if any) has paid the account in full.
- Should it become necessary to refer the account to an attorney or collection agency for collections, I agree to pay all reasonable attorney's fees and/or collection expenses along with any other costs incurred by collection efforts.
- I hereby certify the youth is my \_\_\_\_\_ and I agree to the above conditions of financial responsibility on their behalf; **and** in consideration of the treatment and services extended to \_\_\_\_\_ at SDCC, I absolutely and unconditionally guarantee the payment of the amount due for said account.
- I hereby authorize SDCC to disclose records or other information obtained during diagnosis and treatment to my insurance company, other payor, or funding source. It is hereby understood this consent shall terminate one year from the date of discharge.

The undersigned certifies that s/he has read and understands the foregoing and has received a copy.

\_\_\_\_\_  
Youth's Printed Full Name

\_\_\_\_\_  
Parent/Legal Guardian/Agent Printed Full Name

\_\_\_\_\_  
Parent/Legal Guardian/Agent Signature

\_\_\_\_\_  
Date

\*Basic SDCC STRTP services include: STRTP room and board, core services (including behavioral health services) and supports, and educational services if applicable.

- The basic rate for STRTP room and board is established by the California Department of Social Services, Foster Care Audits and Rates Branch, and as of January 1, 2017, the STRTP monthly rate is \$12,036.00.
- The basic rate for behavioral health services and supports, and medication management/psychiatry services, is based on annual evaluation of actual costs and is negotiated with each unique payor contract, including San Diego County Behavioral Health Services, school districts, and private insurance. For FY 16-17, the daily rate average for behavioral health services and supports is 153.00; and \$5.00 per minute for medication management/psychiatry services.
- The basic tuition rate for SDCC Academy (Non-Public School) Education Services is negotiated each year with San Diego County public school districts. For FY 16-17, the basic daily rate is 188.75 per day and with additional costs for family counseling services and one on one support (Special Circumstance Instructional Assistance).

Refunds may be provided to the payor if the determination is made that services were provided beyond medical necessity after formal appeal for payment is denied, or if errors in billing are determined.

## H. TRANSITION OR TRANSFER POLICIES AND PROCEDURES (ILS § 87068.4)

Describe the facilities policies and procedures for transition or transfer of children and nonminor dependents that include a minimum the following:

1. Upon entry, the development of an individualized transition plan for each child/NMD, with well-defined permanency goals and continuity of care.
2. Ensuring each child and his or her authorized representative(s) or nonminor dependent are offered the opportunity to participate in the development of a transition or transfer plan.
3. Coordinating with interagency placement committee and child and family team.

### SDCC STRTP Transition Planning

Transition planning begins at the time of admission and is a coordinated and collaborative treatment effort which provides advocacy to link and/or modify existing natural support services and additional professional/therapeutic services as needed.

Following admission, the treatment team/CFT, which includes the child/NMD and authorized representative, develops an individualized transition plan by considering the expected length of stay, return environment (which may include developing a permanency plan), and what goals are expected to be accomplished by the time of discharge. This information is reviewed and updated as appropriate at each treatment review and/or CFT meeting based on the youth's assessed physiological, cognitive, communicative, emotional, pharmacological, educational, and social needs. This information is included and updated monthly in the Needs and Services Plan for child welfare referred youth.

The following discharge criteria, which includes goals to support stability, permanency, and ensure continuity of care, is reviewed with the youth and the youth's family and/or authorized representative following admission to ensure they are aware of what needs to be accomplished prior to discharge:

1. The youth's treatment goals have been substantially met
2. A specific treatment program is identified in writing to meet the youth's ongoing treatment needs, and the youth has been approved for treatment under that program
3. The youth can safely engage in treatment, and is not considered an immediate danger to self, others, or property while receiving treatment in a less restrictive treatment setting
4. The youth is not engaging in persistent patterns of destructive behavior which would prevent progress in a less restrictive setting
5. The youth is ready to be engaged at a lower level of care, as demonstrated by improved functioning in personal, social, and educational functioning through engagement in the treatment program and larger community
6. The treatment team/CFT assessment determines that a less restrictive treatment regimen can meet the youth's therapeutic needs

The youth's progress regarding the above criteria is reviewed and discussed at each treatment team/CFT meeting and documented in the youth's medical record accordingly, which may include updates to the youth's treatment plan and Needs and Services Plan.

If the treatment team/CFT recommendation is for the youth not to return home, the reasons for continued out-of-home placement are indicated in the treatment plan and Needs and Services Plan, and IEP as necessary. The assigned therapist (social work staff) helps the youth and family work through their feelings regarding this recommendation and documents this process. In situations where other agencies will be involved in out-of-home placement, the therapist contacts those agencies with parental/authorized representative permission to explore procedures and involve appropriate personnel with the family and youth. Documentation occurs through appropriate progress notes, plan updates, and service reports.

For youth placed by CWS and Probation, if it is determined by the CFT that the youth will benefit from an increased length of stay (i.e. longer than 6 months), approval, including justification for, the youth's continued stay, will be obtained per specified timeframes from the youth's placing agency representative, which includes the interagency placement committee for all youth placed by CWS, and the mental health plan contracting officer's representative.

For Transitional Age Youth (TAY), transition planning consists of Independent Living Skills (ILS) training and education and the development of a Transitional Independent Living Plan (TILP). ILS training/education services specific to the TAY population are provided through county funded, and state employment development, programs. SDCC STRTP ILS program is funded by MHSA and private funds to provide services to youth as young as 14, and is fully integrated into the daily therapeutic environment, community engagement, and transition planning. SDCC also provides additional services through a self-funded program, SDCC Successful Transition Program, to enhance needs assessment and individualized supports provided to TAY during placement and better support TAY in their transition to independence. The TILP and Successful Transition Needs Assessment and Plan, primarily developed by SDCC Successful Transition Program staff, provide TAY with the information and assistance needed to access ongoing support services following discharge.

### SDCC STRTP Planned Discharges

A treatment team/CFT meeting is usually held within the 30 days prior to discharge to prepare the youth and family for discharge, and to ensure the appropriate resources and supports have been identified and established to ensure a successful transition. If indicated, referrals are made by the youth's assigned therapist or authorized representative to community service providers for a variety of transition support and placement stabilization services.

Wraparound services may be initiated by CWS up to three months prior to discharge. If community-based services are not available or sufficient to support the transition from STRTP to home, SDCC staff may provide up to 90 days of specialty mental health services as needed, including therapy, case management, IHBS, and medication support services.

Upon discharge, instructions and applicable records are provided to the youth and/or the youth's parent/caregiver/authorized representative (if applicable) on the day of discharge and to the next provider. The discharge instructions and applicable records provided are also documented in the medical record. At a minimum, these include:

- Youth's contact information following discharge, which includes contact information (and relationship) to whom the youth is being discharged to (if applicable)
- After-care Services and Provider Contact Information
- Community Activities and Resources Referral Information
- Family/Friend Contact Information
- Current medication regimen
- Current Calming & Crisis Prevention Plan

### Transfers:

- For CWS referred youth, written approval from the youth's authorized representative must be received prior to transfer.
- For NMDs, a minimum of 7 days' notice is provided to the NMD and placement agency, which includes the reason for transfer.

### SDCC STRTP Emergency Discharge

Emergency, or administrative, discharge may be initiated when established criteria for the ongoing provision of care and services are not met for a youth, and/or when the ongoing provision of services to a youth presents safety, programmatic, and/or financial hardship to the organization which falls outside the organization's contractual or legal obligations.

For youth placed by CWS and Probation, the youth's authorized representative will be notified in writing, preferably thirty (30) days in advance when concern exists regarding the continuing stay of a youth. The youth's authorized representative will meet with the youth's therapist to determine if concerns expressed necessitate scheduling a treatment team/CFT meeting. If a treatment team/CFT meeting is necessary, the youth's therapist will schedule an internal case presentation and review within two weeks, including key members of the treatment team/CFT and the SDCC STRTP manager.

The purpose of the case presentation and review will be to develop understanding regarding the case, obstacles to continuing treatment, safety, and determine if discharge or continuing treatment will be pursued. This decision will be reached by consensus of the clinical staff within three days of the treatment team/CFT meeting. If consensus is not reached, the Director of STRTP services will be included in the meeting to facilitate a decision within one week of the treatment team/CFT meeting.

In the event of discharge, a timeline with a specific discharge date and actions towards discharge will be developed immediately including a process for communication with the youth's parent/guardian/authorized representative. Every effort will be made to reasonably prepare the youth and the targeted return environment (TRE). In the event of continuing stay, specific actions and timelines for addressing the obstacles to treatment will be developed. The SDCC STRTP manager will monitor the case with the youth's therapist regarding the continuing stay or discharge.

### Psychiatric Hospitalization

Emergency discharge or removal from the program may occur because of psychiatric hospitalization. Hospitalization is considered when the youth's level of functioning has deteriorated to the point of immediate danger to self, others, or property; and requires intensive staff supervision, psychopharmacological or environmental control only possible through locked inpatient intervention.

During psychiatric hospitalization, the length of time for youth to remain on active status will be determined by the funding source/placing agency representative.

### Against Professional Advice (APA) Discharge

A discharge APA acknowledges the rights of the parents/caregivers to remove their child from SDCC against the professional advice of the clinical team, i.e. without the attending psychiatrist's consent and prior to the completion of treatment. Parents/Caregivers will be asked to sign an APA discharge form that releases SDCC and the attending psychiatrist from all liability.

When a parent/caregiver requests their child leave the SDCC STRTP prior to the completion of treatment or shows signs of dissatisfaction that might lead to request an APA discharge, the staff shall immediately notify the youth's therapist, the SDCC STRTP clinical supervisor and/or manager. All reasonable attempts shall be made to encourage the parent/caregiver to continue treatment collaboration.

If the parent/caregiver continues to insist upon immediate discharge, a licensed SDCC STRTP staff member will evaluate the youth.

During the evaluation, it will be determined whether immediate discharge is appropriate. If the psychiatrist or therapist believes the youth is at imminent risk of harming self and/or others if discharged, SDCC will notify the Psychiatric Emergency Response Team and Child Protective Services. The youth's family will be advised to contact their personal physician, a law enforcement authority, or the Emergency Screening Unit to pursue the appropriate level of care for the youth.

**For Non-Minor Dependents:**

Since non-minor dependents are legal adults, they can choose to exit foster care at any time after reaching age eighteen (18). Should a non-minor dependent wish to leave the program before concluding treatment, a Termination of Jurisdiction court hearing would be required. The non-minor dependent will be informed of their options to remain in foster care or re-enter while still under the age limits, and they will receive personal documents and assistance in obtaining all appropriate transition services per their TILP and Successful Transitions Plan. If the SDCC STRTP psychiatrist or therapist believes the NMD is at imminent risk of harming self and/or others at the time of discharge, SDCC will notify the Psychiatric Emergency Response Team.

**Return of a Youth's Belongings Following Discharge**

SDCC STRTP staff make every attempt to ensure youth, parents/caregivers, and/or authorized representatives take a youth's belongings with them on the date of discharge. However, there may be circumstances in which a youth's belongings are left at the program following their date of discharge. In these instances, the following procedures should be adhered to:

1. SDCC will maintain a youth's belongings for no less than 30 days following their date of discharge.
2. The youth's therapist, or designee, will make multiple attempts (a minimum of 3) to contact the youth, parent/caregiver, or authorized representative and arrange a time for pickup of the youth's belongings. The therapist or designee will document all contact attempts made in the youth's medical record and the method in which they were made, e.g. calls, text messages, emails. Any attempts made via email should be printed and added to the youth's medical record.
3. Following 30 days, if the youth, parent/caregiver, or authorized representative has not contacted the program to schedule a pickup date or has failed to pick up the youth's belongings, SDCC may donate or dispose of them.

The following exceptions will be made on case by case basis:

- If the youth has discharged within San Diego County, SDCC may transport, or assist with transportation, to return the youth's belongings.
- If the youth has discharged outside of San Diego County, SDCC may arrange with the youth, parent/caregiver, or authorized representative to have the youth's belongings shipped.

**4. Ensuring social work staff develop and maintain a written removal or transfer record information as specified in the ILS.**

Following discharge, the youth's assigned therapist (social work staff) completes a concise discharge summary that includes the following:

- |   |                                      |
|---|--------------------------------------|
| • The reason for admission                        | • The reason for discharge           |
| • The treatment provided and the youth's response | • The youth's condition at discharge |

The discharge summary is completed within seven (7) days following discharge and placed in the youth's medical record. A copy of the discharge summary is provided to the youth and/or the youth's parents/caregivers/authorized representative as applicable and is sent to other treatment providers as requested by a signed release of information consent form.

## **I. RATE SETTING AND REFUNDS**

### **1. Describe in detail the facilities policies and procedures for rate setting and refunds for children placed by their parents or legal guardians.**

Rates for private (non- AFDC) placements are based on annually revised estimates of actual costs for Room and Board. These rates include costs for staffing, operations (meals, activities, facilities, utilities, insurance, etc.), and indirect costs. Rates additionally include costs for Mental Health services, Psychiatry services, medication, and education services per our annual published rates. Rates may be negotiated through contracting with private payers. Negotiated rates will not be accepted below the AFDC established rate for group home care.

Refunds may be provided to the payer if the determination is made that services were provided beyond medical necessity after formal appeal for payment is denied, or if errors in billing are determined.

## **J. HANDLING MONEY, PERSONAL PROPERTY, & VALUABLES**

**Describe in detail the policies and procedures for:**

### **1. How the facility will safeguard and handle children's money, personal property, and/or other valuables.**

Each youth's personal funds and property are kept in a locked box in the staff offices on each unit, separate from agency funds and petty cash. Youth funds and property are separated for each individual youth, and only a supervisor and one designated staff member has access to the locked box.

Youth can access their personal property at any time, unless prohibited for safety or as part of the discipline program. Youth are not allowed to share or give their personal property to other youth or staff. Youth, social workers, and/or parents/caregivers are asked to take all personal property with them when the youth discharges. If not taken at the time of discharge, personal items can be sent or delivered by SDCC staff.

Counselors assist each youth in maintaining a separate cash envelope with a ledger showing the initial cash amount upon admission, deposits, withdrawals, and current balance. Youth and staff update and sign the ledger anytime there is a transaction. Youth are encouraged to carry no more than \$2 cash unless a planned outing or purchase requires more funds. Youth can spend money as they wish and are encouraged to discuss spending/savings priorities and goals with staff as a learning and values activity. Youth are not allowed to give/lend money to, or borrow money from, staff or other youth.

Upon discharge, youth receive all cash in their cash envelopes and sign for this withdrawal. If requested, staff may assist youth in managing their personal funds outside of the facility just prior to discharge, e.g. depositing them in a checking or savings account.

A youth's cash resources, possessions, and property will be maintained if the youth AWOLs from the facility. If the youth does not return to facility, and is subsequently discharged, their cash resources, possessions, and property will be provided to their parent/guardian or authorized representative.

#### Non-Minor Dependents

A non-minor dependent will maintain control of his/her own funds, allowances, and salaries in accordance with his/her TILP.

At the request of a non-minor dependent, the SDCC STRTP will provide assistance with the following:

- Managing the non-minor dependent's cash resources, personal property, and valuables
- Maintaining accurate records of the non-minor dependent's bank account, savings, and monthly budget

In the event cash resources, personal property, and valuables of a non-minor dependent are entrusted to the SDCC STRTP, these items shall be safeguarded in the following ways:

- SDCC STRTP staff will review an itemized inventory list of the cash resources, personal property, and valuables with the non-minor dependent, and this list will be maintained in the non-minor dependent's records.
- SDCC STRTP staff will keep the cash resources, personal property, and valuables of each non-minor dependent separate and intact, and will maintain accurate records of the cash resources, personal property, and valuables belonging to the non-minor dependent.

When the non-minor dependent is discharged, the SDCC STRTP will surrender these items to the non-minor dependent, or to the non-minor dependent's authorized representative, along with an itemized inventory list of all items.

### **2. Issuing allowances, including amount.**

Allowances range from \$1 to \$20 per month. The allowance amount for each youth is based on the youth's behavior (e.g. safe, appropriate, cooperative, participatory, etc.) and progress made toward behavioral health goals. Please see the following breakdown of how allowances are calculated monthly and based on behavioral goals:

<b>Behavior</b>	<b>Max Allowance</b>	<b>%</b>
Demonstrates positive peer interactions (e.g. safe, role modeling, problem solving, cooperating, communicating, appropriate) majority of the time	\$4	20%
Demonstrates safe behavior with staff and peers, i.e. no incidents of assault	\$4	20%
Demonstrates safe behavior, i.e. no runaway incidents or plans to runaway	\$3	15%
Demonstrates compliance with program routines, i.e. completes super room properly	\$3	15%
Demonstrates compliance with hygiene, completes showering/brushing teeth/combing hair properly	\$2	10%
Demonstrates safe behavior at school, i.e. no suspensions	\$4	20%
<b>Total</b>	<b>\$20</b>	<b>100%</b>

### **3. Ensure that a child's cash resources are not taken in the form of fines or punishment.**

The SDCC STRTP does not impose fines on youth, nor takes any cash resources from youth, as punishment. If a youth engages in property destruction, depending on the item destroyed and its value, the youth may be asked to contribute to replacement funds.

## K. CONSULTANTS AND COMMUNITY RESOURCES TO BE UTILIZED

### 1. Provide a list of consultants and community resources utilized by the facility as part of its program.

The following is a list of current contracted psychiatric and pediatric consultants utilized as part of the SDCC STRTP:

- Anil Patel, MD: psychiatry services
- Satya Tata, MD: psychiatry services
- Joan Gildin, MD: psychiatry services
- Gwendolyn Wright, MD: pediatric services

The following is a list of recent training consultants\* utilized as part of the SDCC STRTP to train therapeutic and/or direct care staff:

Training Consultant	Training
Juan Camarena, PhD	Service provision to LGBTQ youth with emphasis on transgender and gender nonconforming youth
Amy Costa, PsyD, LMFT	Eating Disorders
Bethany Hansell, LMFT	Solution Focused Brief Therapy
Alison Hendricks, LCSW	Trauma Focused Cognitive Behavioral Therapy
Al Killen-Harvey, LCSW	Trauma Informed Care; Serving LGBTQ Youth; and Best Practices in Clinical Supervision
Angela Lancaster, LCSW	Motivational Interviewing
Lisa Randall	Self-Care for Providers and Caregivers Training
Nicodemus Watts, MD	The role of the psychiatrist and psychotropic medication in treatment

(\*The list above is not all inclusive and is only a sample of training consultants SDCC has contracted with over the past year and who have provided training to SDCC residential staff.)

The following charts include current community resources utilized by the SDCC STRTP and the services each provides:

COMMUNITY RESOURCE	PROVIDES
<i>Community active recreation resources currently utilized as part of the SDCC STRTP:</i>	
Alliance Jiu Jitsu School	Onsite Jiu Jitsu classes
Circle TIC Ranch & R Charity Ranch	Horseback riding lessons
Clairemont Skate Park & YMCA, Mission Valley	Skateboarding lessons
Culture Shock Dance Studio	Dance classes
Kearny Moto BMX track	BMX bike riding lessons
Norman Powell NP4	Elite Basketball Camp
One Sport Nation, Chula Vista	Soccer
Rec Center, Kearny Mesa	Water polo and i9 Sports
Rec Center, North Clairemont	Soccer and flag football
Rec Center, South Clairemont	Football Clinic
Rec Center, Tierrasanta	Basketball Program
San Diego City College	Baseball Academy
YMCA, Mission Valley	Basketball and weightlifting
YMCA, Toby Wells	Gymnastics, swimming, and weightlifting
<i>Community passive recreation resources currently utilized as part of the SDCC STRTP:</i>	
Balboa Park & Museums	Various activities and events
Clairemont Library	Lego Builders Club
Boy Scouts of San Diego	Boy Scout Program
Girl Scouts of San Diego	Girl Scout Program
GameSync and Game Empire	Video gaming lessons
Helen Woodward Animal Center	Animal education and interactions/presentations
Linda Vista Teen Center	Social activities and events
San Diego Humane Society	Onsite, weekly pet activities
San Diego Zoo & Safari Park	Nature and wildlife education
<i>Community resources specifically for LGBTQ youth and currently utilized as part of the SDCC STRTP:</i>	
Hillcrest Youth Center	FREE FLOW-LGBTQ Support Group & Transgender Support Group
The Center of San Diego	LGBTQ support activities and events



COMMUNITY RESOURCE	PROVIDES
<i>Community resources specifically for TAY and/or NMDs and currently utilized as part of the SDCC STRTP:</i>	
CONNECT2Careers	Onsite Work Readiness Workshops and vocational assistance groups
Just In Time, Promises2Kids	Assistance current and former foster youth
Job Options Inc., Job Corps, ManPower	Job placement services
Mary Kay	Hygiene education
Mesa Twin Apartments	Housing education and tours
Restaurants: JSix, Daily Scoop, & Cucina Urbana	Internships
Planned Parenthood	Onsite sex education classes
Wells Fargo	Banking and credit education
<i>Community mental health and other providers currently utilized as part of the SDCC STRTP:</i>	
Alateen	Onsite AA meetings
Deaf Community Services	Sign language interpretation
Emergency Screening Unit & Psychiatric Emergency Response Team	24hr psychiatric emergency services
Interpreter's Unlimited	Interpreter Services
McAllister Institute	Onsite recovery services
New Alternatives-Therapeutic Behavioral Services	Behavioral mental health coaching service for full-scope Medi-Cal youth
Paws'itive Teams	Onsite pet therapy as needed
Rady Children's Hospital	Medical services, including emergency and urgent care
SDCC Family Wellness Center	Social Skills Class for youth with High Functioning Autism
SDCC FFA Stabilization & Treatment (FFAST)	SDCC provides necessary treatment information to FFAST for youth who are placed in an FFA home
SDCC, Fred Finch and MHS-Families Forward	Wraparound services
Super Dental & Neighborhood Dental	Dental services

<i>Community religious service providers to be utilized as part of the SDCC STRTP (those bolded identify as LGBT friendly):</i>	
Canyon View Church & The Rock Church (Christian)	<b>First United Methodist Church of San Diego</b>
Clairemont Lutheran Church	Islamic Center of San Diego
Clairemont Seventh Day Adventist Church	<b>Kadampa Meditation Center (Modern Buddhist)</b>
<b>Congregation Dor Hadash (Jewish Reconstructionist)</b>	Kehilat Ariel Messianic Synagogue
Diocese of San Diego Pastoral Center (Catholic)	San Diego Bahá'í Center
Eighth Church of Christ, Scientist (Christian Science)	St. George Serbian Orthodox Church

<i>Community resources for Native American youth and families to be utilized as part of the SDCC STRTP:</i>	
<ul style="list-style-type: none"> <li>San Diego American Indian Health Center provides medical, dental, behavioral health, and community wellness services.</li> <li>Southern Indian Health Council provides wellness, professional health care, dental and social services.</li> <li>Southern California Tribal Chairmen's Association provides health, welfare, safety, education, cultural, economic and employment needs of its tribal members and descendants.</li> <li>California Indian Education serves as an online resource for community services in Southern California, including jobs, events, news, and community activism.</li> </ul>	

**2. Describe how the facility will engage and coordinate with community resources and partners, which include tribal partners, county placing agencies, and mental health providers.**

SDCC-STRTP staff engage and coordinate with **community resources and partners** in a continuous manner to meet the needs of the program, needs of the youth, or requirements of contracted services. Open communication between all community partners is essential for quality care and effective operations. Engagement may include regularly scheduled planning meetings to review contract requirements, annual budget submissions, program changes, etc., site visits and audits, unannounced visits, or ad hoc meetings to address concerns or changes regarding similar issues. Managers and other programs leaders routinely attend forums, workgroups, council meetings, and other public meeting venues to stay current on local issues, provide information and advocacy, and to engage in solution focused contributions to the CYFSOC. Site visits provide an important opportunity for partners to observe program operations and youth engagement. Regular and ongoing communication through telephone, fax, and email ensures timely flow of information between partner agencies and resources. Community partners and stakeholders are also invited to special events and activities hosted by SDCC to provide direct interaction with youth and families, staff, and agency leadership, including the Board of Directors.

As a non-public agency with the California Department of Education, issues such as contract and rate negotiations occur annually between the San Diego County Office of Education, local SEPA directors, and SDCC directors. Additionally, SDCC-STRTP leadership communicate routinely with district case managers regarding program operations, individual student care needs, and other concerns.

Coordination occurs with San Diego County's Indian Specialty Unit and with identified **tribal representatives** when serving identified Native American youth. SDCC STRTP staff promote and support participation in ongoing culturally related activities (resource gathering, events, transportation, emotional support, etc.) throughout treatment.

Communication specific to a youth placed with SDCC STRTP, consistent with HIPAA regulation, will begin prior to and throughout admission with review of referral information, records collection, payment arrangements, development of ROIs, and verbal contacts as necessary to determine appropriate placement and services for each youth, including private and educational placement. Ongoing communication with **placing agencies** may include inviting involved partners to participate in pre/post-admission site visits, treatment teams/CFTs, providing real time information on incidents, routine visits with the youth, and initiating warm handoff activities in anticipation of transfer planning.

### **3. Community engagement may include:**

- **Providing services, including core services and supports.**

In providing core services and supports to youth at SDCC STRTP there is regular and routine partnering with community agencies and providers to meet each youth's current needs and in preparation for transition. ILS programming includes visits to community businesses, agencies, or educational services to engage youth in community activities and services. Educational partnering includes frequent face-to-face meetings with school and SDCC administrators, and participation in IEPs, to ensure youths' educational goals are being met and supported, or to address areas of concern. SDCC uses several community-based organizations for the provision of active and passive recreation services and to engage the youth in the community and with other peers. Transition/discharge planning to external providers begins well in advance of transfer to ensure warm handoff, such as requests for wraparound services up to 90 days prior to planned discharge.

- **Establishing culturally relevant and trauma-informed programs, practices, services, and supports.**

SDCC agency leadership is committed to ensuring that all programs operate to the highest standards of quality care and safety, including ensuring that all programs, practices, services, and supports are culturally relevant and trauma informed. Agency leadership, including management and supervisors from STRTP programing, attend or participate in local, state, and national activities that support best practice standards, evidence-informed practices, state and federal guidelines, and local initiatives, and use information obtained to inform all agency operations. Examples include participation in training and conferences led by the National Council for Behavioral Health, the Joint Commission, the California Alliance for Child and Family Services, the Association of Children's Residential Centers, the State Wraparound Initiative, California Institute for Behavioral Health Solutions, and more.

- **Training, coaching, and other supports for staff.**

SDCC-STRTP provides ongoing training to all staff regarding culturally relevant and trauma-informed care, often through partnerships with community resources such as the San Diego LGBTQ Community Center, the Harvey Institute, Chadwick Center, Trauma Informed Guide Team, BHETA, and others. Please refer to training plan above for detailed examples.

**L. PLAN FOR USE OF DELAYED EGRESS DEVICES** [Reference: Health and Safety code 1531.1(d), (g) & (h)]

**If the licensee plans to use delayed egress devices, describe how the facility will meet the requirements of HSC 1531.1:**

**Describe in detail how the facility will:**

- 1. Be equipped to use egress control devices.**
- 2. Provide training for staff on the usage of devices.**

The SDCC STRTP does not, and does not plan to, use delayed egress devices, and therefore, the sections above are not applicable.

**3. Ensure the protection of the children and nonminor dependents in their facility.**

As a Joint Commission accredited organization, SDCC places primary focus on safety and quality of care. SDCC has a thorough and clear Environment of Care Plan (ECP) and Emergency Management Plan (EMP) that have been reviewed and approved internally by SDCC's Safety Committee and leadership, and externally by the Joint Commission. Each of these plans outlines the procedures to be followed by SDCC staff to ensure the protection of youth and families served. Staff training regarding the information within SDCC's ECP and EMP is provided at the time of hire and annually thereafter.

The purpose of SDCC's ECP is to effectively maintain a safe, supportive, and home-like environment through the establishment of preparation procedures and maintenance action plans. This includes established action plans in the following areas to maintain a physically safe environment that meets the organization's mission and reflects its values and to serve as operational guides for SDCC staff at all levels:

- |                         |                                   |  |
|-------------------------|-----------------------------------|--|
| 1. Environmental Design | 4. Hazardous Materials and Wastes | 6. Life Safety Equipment & Systems Maintenance |
| 2. Safety               | 5. Emergency Preparedness         | 7. Utilities Management                        |
| 3. Security             |                                   |  |

The purpose of SDCC's EMP is to provide a safe, secure environment for the youth and families served, and for staff and visitors, by assuming a posture of emergency readiness in the event of fires, disasters, and/or the need for evacuation. To adequately prepare for actual emergencies, SDCC conducts activities, enacts restrictions, and/or provides items detailed in the EMP. SDCC's EMP procedures must be adhered to by all SDCC Campus Departments and Programs, and includes the following:

1. Emergency Drills: Fire Drills; Disaster Drills; and Lockdown Drills
2. Emergency Supplies
3. Evacuation Site Identification and Maintenance
4. EMP Review and Improvement
5. Emergency Procedures: Fire Procedures; Earthquake Procedures; Interim Fire Watch Procedures; Interim Life Safety Measures; Campus Violence/Lock Down Procedures; Bomb Threat Procedures; Terrorist Threat Procedures; and Maintenance Emergency Procedures
6. Disaster Response: Emergency Operations Center; Disaster Response Teams; Organizational Disaster Response; Campus Evacuation; and San Diego County System of Care Emergency Response

**4. Provide emergency evacuation procedures**

The following are SDCC's emergency evacuation procedures as included in SDCC's EMP:

In the event of a disaster, an Emergency Operations Center (EOC) will be implemented and overseen by the most Senior Staff on campus and will be composed of all available senior staff. The EOC acquires and manages resources and information, oversees the entire emergency operation, and will decide whether to remain on campus or to evacuate based on a survey of building structural integrity, utility availability and integrity of life safety systems. If needed, staff will be divided into Disaster Response teams, listed below. Staff from departments not listed will report to the EOC for assignment. The EOC's responsibilities include:

- **Information:** set up a communication center; maintain communication links with staff (e.g. walkie-talkies or cell phones); gather information concerning extent of area damage, road closures, hospital situations, types of governmental and civic help available, etc.; make information available to staff, placing agencies, and parents as appropriate.
- **Resources:** distribute supplies as needed, e.g. water, battery-operated radios, tools, flashlights, blankets, first aid supplies, etc.; ensure vehicles have fuel; send personnel to search for more resources as needed (e.g. to Sharp Hospital for supplies or assistance; to a Red Cross Shelter for information; to the National Guard for assistance).
- **Staffing:** staff will be instructed to remain at SDCC or at their Program until enough information is gathered concerning road conditions, etc. and the disaster at hand is manageable.
- **Oversight:** make decisions on issues that arise based on the information available. Examples: evacuation of entire facility, parents wanting to take their children home, which buildings should be reoccupied, etc.

#### SDCC Campus Evacuation:

- **Decision:** The EOC, in consultation with the Chief Executive Officer or designee, will decide whether to evacuate off-campus. This decision will be immediately communicated to the Fire Department, to the Red Cross 24 Hour hotline, and to the off-campus evacuation site.
- **Assistance:** The EOC will assess the need for additional staff to assist with the evacuation, and initiate the SDCC staff recall phone tree if needed. Within reasonable parameters, and after ensuring their own family member's safety, all staff members are required, as directed, to come to SDCC or to the designated evacuation site, and help in disaster response efforts.
- **Coordination:** The EOC will coordinate movement of all staff and visitors into agency vans and personal vehicles, and ensure that all drivers are given the address and directions to the off-campus evacuation site(s).
- **Nursing:** The Triage Team, led by the Nurse Manager, will be responsible for packing resident medications, MARs, resident insurance and emergency contact information, and other essential nursing supplies.
- **Residential Staff:** The Residential staff will assist youth in packing limited personal items to take to the evacuation site: e.g. toiletry items; extra underwear and socks; change of clothing; jacket or sweater; other desired items such as photos, CDs, etc.; and a stuffed animal, blanket or another transitional object.
- **Residential Therapists:** Therapists will inform parents, county workers, and/or placing agency case managers of the evacuation as soon as is practical, in coordination with the EOC.
- **Evacuation by Foot:** If evacuation by vehicle is impractical, or the approved off-campus evacuation site is not accessible, the EOC will make the decision, in consultation with the Chief Executive Officer/designee, to evacuate by foot. This decision will be communicated to both the Fire Department and to the Red Cross. Alternative evacuation sites within walking distance are:
  - Kearny Mesa Recreation Center on the corner of Armstrong and Mesa College Drive
  - Kearny High School on the corner of Mesa College Drive and Linda Vista Road
  - John Muir Alternative School on Armstrong Street just past Mesa College Drive on the left side
  - Chesterton Elementary School, south on Linda Vista Road just past Genesee on the left side

## **M. CONFLICT OF INTEREST MITIGATION PLANS**

- 1. For a county licensed to operate a Short-Term Residential Therapeutic Program, provide a description of its conflict-of-interest mitigation plan, as set forth in WIC 11462.02(g).**

SDCC is an individual provider applying for licensure to operate an STRTP. Therefore, this section is not applicable. However, SDCC does have a conflict of interest mitigation plan, and it is included on the following pages.

---

### **San Diego Center for Children Code of Conduct and Conflict of Interest Policy**

---



SDCC is committed to carrying out its mission lawfully and ethically. While we serve many youth who have diverse needs and expectations, our focus has always been and continues to be on our youth and must never be compromised. As such, youth's access to care and clinical judgment and decision-making shall not be compromised or jeopardized by financial considerations. As our reputation is created by the collective efforts of our workforce, it is important that everyone within SDCC meet the highest standards of legal and ethical conduct. To guide employees in conducting their duties according to acceptable standards of conduct, SDCC has established, and revised this policy as part of its compliance program.

It is the policy of SDCC that all employees, volunteers, interns and contractors, in performing their duties and responsibilities on behalf of SDCC ("employee") shall conduct themselves according to the highest ethical standards in accordance with applicable laws, rules and regulations. Any doubts whatsoever about the right thing to do in a situation should be submitted to an immediate supervisor, manager, or to the Director of Human Resources. The intent of SDCC is to safeguard the tradition of strong moral, ethical and legal standards of conduct by ensuring that employees understand their responsibility for maintaining full compliance with the laws and regulations, standards of care, ethical business practices and policies and procedures. Anyone found violating a provision of the Code of Conduct and Conflict of Interest policy will be subject to disciplinary action, up to and including discharge or removal from SDCC, and may be subject to referral to appropriate law enforcement authorities.

#### **Youth and Families**

**Quality of Care and Services:** SDCC employees will provide quality care in the most appropriate, effective and efficient manner. All services will be rendered in a compassionate manner and carried out in accordance with the objectives of the youth's plan of care. SDCC will provide appropriate and timely care by qualified professionals including care to all youth without regard to race, color, religion, physical or mental disability, age, ancestry, sex, national origin or any other status protected by law or the ability to pay for such care. SDCC employees will adhere to the patient Bill of Rights and will maintain complete and thorough records of youth information and protect the privacy of all youths' health records. SDCC employees will also fulfill the requirements set forth in SDCC's policies, accreditation standards, and applicable laws and regulations.

Every youth in treatment shall have a clear treatment/service plan that delineates goals, as well as the interventions and services that will support the achievement of the goals and clear criteria for achievement of those goals. Parents, guardians and youth will have an opportunity to evaluate and participate in the design of the treatment/service plan.

We endeavor to involve parents, guardians, and youth in the treatment decision process. We do this by encouraging them to attend treatment meetings, and educating them about possible clinical options in a manner that they can understand and that is supportive. We also discourage all professionals from making decisions outside of treatment team meetings so that parents and guardians can make informed choices whenever non-emergency situations exist. Whenever an emergency arises, parents and guardians are notified as soon as possible.

We carefully train all clinical staff and require that they are appropriately licensed prior to them treating children. The training standards for a given clinical position are available to any concerned party upon request.

SDCC has an obligation to educate the community about the services we provide and to supply information to the community about the types of therapeutic outcomes that might be expected from these services. We do not embellish or mislead the community, or stakeholders regarding what they can expect to accomplish in treatment, or the services we have available. We also do not involve the youth in our care as part of any media event without obtaining the parent's or guardian's consent.

## **Business & Financial Information**

**Financial:** SDCC clearly identifies for youth, parents/guardians, and payers, the clinical reasons for admittance and discharge. Whenever a payer terminates payment we work directly with the child to obtain the best quality of care available. This shall include the development of alternative services, appeals to the payer, and the exploration of agency resources available to sustain treatment. This information is documented in the youth's medical record.

Whenever a contractual relationship with a payer or other community service could affect a youth's care, their parents or guardians are informed of this.

No SDCC employee will engage in any type of employment that will detract from the quality of care of SDCC youth.

We directly inform parents or guardians of any financial costs associated with treatment, what other agencies share fiscal responsibility, what anticipated outcomes they can reasonably expect from treatment, what we expect from them with regards to supporting treatment, and what risks are involved in treatment. This information is documented in the youth's medical record.

**Compliance with Laws, Rules and Regulations:** SDCC is committed to promoting a culture of compliance by complying fully with applicable laws and regulations and conducting professional activity with the highest standards of ethics, integrity, honesty and responsibility. If a law conflicts with a policy in this code, the employee must comply with the law but should report the conflict to their supervisor or other appropriate management level person at SDCC. Alternatively, if a local custom or policy conflicts, employee should contact their supervisor. All SDCC employees and officers are responsible for understanding the legal and policy requirements that apply to their jobs and reporting any suspected violations of law, this code, or SDCC policy. To this end, employee must comply with applicable laws and regulations as well as all SDCC policies and procedures including but not limited to the following:

**Fraud and Abuse:** Employees shall not engage in conduct that would violate healthcare fraud and abuse laws. All employees shall comply with statutes, regulations and guidelines applicable to Federal and State health care programs. All employees shall prepare and submit accurate claims and reporting documentation consistent with government and third-party payer requirements. No employee shall give or receive any form of payment, kickback, or bribe to induce the referral or the purchase of any service, nor offer any improper inducement to youth, providers or others to encourage the referral of youth to SDCC facilities or to use a product or service. No employee shall knowingly make any false statements, verbal or written, to government agencies or other payers. In addition, claims for health care services shall only be made for care or services that are medically necessary and for which adequate documentation supporting medical necessity is present.

**False Claims Act:** The United States Government and the State of California have statutes that impose civil liability on any person or entity who:

- Knowingly submits a false claim to the government for payment;
- Knowingly makes or uses a false record or statement to obtain payment or approval of a claim by the government
- Uses a false statement to decrease an obligation to the government

The civil and criminal penalties for submitting false claims can be significant. See "Federal and State False Claims Act Statutes" for more information. SDCC will only bill for services and care provided, will ensure that coding and billing are performed accurately, will waive co-payments, coinsurance and deductibles only in accordance with established rules, policies and procedures and will maintain appropriate documentation to support submitted claims. Any employee who becomes aware of the potential submission of a false claim shall report it through the proper channels. Failure to report regulatory violations can lead to disciplinary action, up to and including termination or removal from the organization. In accordance with SDCC's policy, all employees who report concerns about potential false claims in good faith are protected from retaliation. All such reports will be investigated fully by the organization and appropriate corrective action will be taken as warranted.

**Protected Health Information (PHI) and Health Insurance Portability and Accountability Act (HIPAA):** It is the policy of SDCC to comply with HIPAA regulations, the Department of Health and Human Services security and privacy regulations, and the Joint Commissions on Accreditation of Healthcare Organizations accreditation standards, as well as our duty to protect the confidentiality and integrity of confidential medical information as required by law, professional ethics, and accreditation requirements. Information and records obtained during provided services to youth and their families shall remain confidential. All employees will abide by the aforementioned regulations and respect the privacy of our youth. Questions concerning patient privacy compliance issues should be directed to SDCC's Privacy Officer or designee.

**Contracting:** Employees may not use internal SDCC information for any business activity other than conducting business by or on behalf of SDCC. Employees shall not seek to gain any advantage through improper use of payments, business courtesies or other inducements.

## Workplace Conduct & Employment Practices

All SDCC employees are responsible for providing a respectful, safe, nurturing, healthy, positive, and welcoming environment. Whenever a situation exists that is contrary to these goals or the mission of SDCC, the employee first observing this situation is responsible for taking the appropriate immediate steps to remedy the situation. If they are unsure what to do they will notify their supervisor as soon as possible and Human Resources.

No SDCC employee will engage in any of the following types of behavior toward youth, staff, or visitors:

- Abusive (verbally or physically)
- Antagonistic
- Instigative
- Demeaning
- Threatening
- Physically violent
- Flirtatious
- Sexually Provocative
- Unwarranted physical contact
- Bullying
- Stealing
- Lying
- Harassing (verbally or physically)
- Intimidating
- Fear Eliciting

**Boundaries:** SDCC employees will not have a fiscal relationship with any parent or guardian whose child is served by the program in which they work, i.e. tutoring, babysitting, etc. The employee's supervisor will be informed of any other type of non-therapeutic relationship and decide how to best meet the youth's needs.

SDCC employees will not have a sexual relationship with any youth, nor any parent or guardian of any youth who is served by SDCC.

**Health, Safety and Environmental:** SDCC strives to provide each employee and officer with a safe and healthy work environment. Each employee and officer has the responsibility for maintaining a safe and healthy workplace for all employees and officers by following environmental, safety, and health rules and practices and by reporting accidents, injuries and unsafe equipment, practices or conditions. Violence and threatening behavior are not permitted.

Employees are expected to perform their SDCC related work in a safe manner, free of the influences of alcohol, illegal drugs or controlled substances. The use of illegal drugs in the workplace will not be tolerated.

SDCC expects its employees to follow all applicable environmental laws and regulations. If you are uncertain about your responsibility or obligation, you should check with your supervisor, unit manager or the Director of Operations for guidance.

**Conflict of Interest:** Employees shall avoid conflicts of interest with SDCC and shall report to the Director of Human Resources any interests or activities that may give rise to an actual or perceived conflict. Employee should always fully disclose facts which may create or lead to the appearance of a conflict of interest. Examples of conflicts of interest include but are not limited to:

- furnishing services in competition with SDCC while employed by SDCC,
- attempting to improperly influence a vendor decision where there is an improper relationship with that vendor,
- seeking to hire a family member who is less qualified than other applicants,
- soliciting youth families to purchase items from a personal or family business while working for SDCC.

**Business Ethics, Gifts and Entertainment:** SDCC strives to conduct all business transactions with vendors, contractors, and third parties in compliance with applicable laws. Such business relationships shall be transacted free from offers or solicitations of gifts and favors or other improper inducements in exchange for youth referrals, influence or assistance in transaction. All employees shall accurately and honestly represent SDCC and shall not be a party to fraudulent activities.

All employees are strictly prohibited from soliciting tips, personal gratuities or gifts of any kind from a youth, family member or visitor or any other individual or entity that has or is attempting to develop or further a relationship with SDCC. In addition, employees are strictly prohibited from accepting cash or cash equivalent tips or gratuities from a youth, a youth's family member or visitor or any other individual or entity that has or is attempting to develop or further a relationship with SDCC. If a cash gift is offered, the person or entity offering the gift should be promptly referred to the head of SDCC's Development department. No gifts or entertainment of any kind may be accepted from a vendor except a gift basket during the holidays for the team to enjoy or a donation or sponsorship solicited by the Development Department as part of SDCC's authorized fundraisers or if the gift is included as part of a contractual obligation or organizational agreement, or specifically approved in advance by the Chief Executive Officer. Employees are prohibited from accepting vendor offers to pay for education or travel expenses related to attending educational functions or conferences.

**Waivers of the Code of Business Conduct and Ethics:** Any waiver of this code for executive officers or directors may be made only by the Board of Trustees who will be responsible to do so within the bounds of the law and the best interests of SDCC. Such waivers shall be in writing.



## **Compliance Program**

**Incident Reporting Obligations:** SDCC complies with all regulatory agency reporting requirements, including notification of serious incidents, communicable diseases, changes in operation that may affect youth services, etc. Additionally, SDCC complies with all child abuse and dependent adult/elder abuse reporting laws.

**Financial Reporting Obligations:** It is necessary that SDCC's filings with all required government agencies be accurate and timely. SDCC expects employees and officers to take this responsibility very seriously and provide prompt answers to inquiries related to SDCC's public disclosure requirements.

All financial documents, including but not limited to accounting records, research reports, expense accounts, youth records and timesheets must be prepared accurately and, in the form, and with the content as directed by SDCC. No facts are ever to be falsified, misrepresented, or improperly omitted in any financial record. Transactions between SDCC and all outside individuals and organizations must be promptly and accurately entered in accordance with generally accepted and applicable accounting standards. Employee shall report time and attendance accurately.

SDCC's policy is to comply with all financial reporting and accounting regulations applicable to SDCC. If any employee or officer has concerns or questions regarding accounting or auditing matters of SDCC, then he or she is encouraged to submit those concerns by one of the methods set forth in the Open-Door Policy.

**Reporting Any Illegal or Unethical Behavior:** Employees are encouraged to talk to supervisors, managers or the Director of Human Resources about observed behavior that they believe may be illegal or a violation of this Code of Conduct or SDCC policy. When in doubt about the best course of action in a situation, employees are encouraged to report any such information which will be investigated and, where appropriate, resolved by SDCC. It is the policy of SDCC not to allow retaliation for reports of such conduct that an employee makes in good faith. Employees are expected to cooperate in internal investigations of misconduct or improper behavior.

**Resolving Compliance Concerns:** It is intended that SDCC employees effectively demonstrate the commitment of SDCC to the highest standards of ethics and compliance. SDCC is committed to an "open door policy" for identification and resolution of issues and concerns. This policy begins with every employee and continues at all levels up through senior management. If there is a suspicion that compliance or other violations exist, SDCC employees have an affirmative duty to report suspected compliance or conflicts of interest violations through the proper channels. Initial contact should be through an immediate supervisor; concerns may then be raised with individuals up to and including senior management. If the employee is uncomfortable raising an issue through the chain of command or is not satisfied with the response to their concerns, they may also contact the Director of Human Resources.

The Director of Human Resources will evaluate and respond to allegations of wrong doing, related concerns and/or inquiries made in an impartial manner. To this end, good faith efforts will be made to thoroughly investigate all allegations before action is taken. All employees are expected to cooperate with investigation efforts.

## **Annual Attestation**

All employees must review and comply fully with the Code of Conduct and Conflict of Interest Policy. Employees will execute a "Statement of Understanding" on an annual basis. This attestation may be completed electronically or in hard copy as requested by the organization. By attesting to this statement, the employee certifies that they have read and understand the Code of Conduct and Conflict of Interest Policy and agree to abide by it during their employment or affiliation with SDCC. In addition, when completing this statement, employees may be required to document their awareness, if applicable, of any potential compliance issues or violations of the Code of Conduct and Conflict of Interest Policy.

## **N. CONTINUOUS QUALITY IMPROVEMENT**

**Describe the following in detail:**

### **1. The facility's written policies and procedures, and practices concerning continuous quality improvement.**

Please refer to the following pages, which outline SDCC's Continuous Quality Improvement Plan that is reviewed and approved annually by SDCC's Board of Directors and has been reviewed and accepted by SDCC's accrediting agency, The Joint Commission.

### **2. How the facility shall develop the overall mission, vision, and values of the facility.**

Since SDCC's inception in 1887, our services, mission and vision have changed, but today, the mission of SDCC is to protect the joy of childhood, prevent emotional suffering, and incite change. Our overarching vision is to inspire a world where all children and families live joyful, healthy lives, and we hold strong to the following values:

- ❖ Welcoming - Everyone experiences a positive, friendly, inclusive, and inviting environment when they connect with the San Diego Center for Children.
- ❖ Optimistic - Our 130 years of experience, focusing on strengths and successes, gives us the confidence to know we can help children and families.
- ❖ Excellence - We provide and promote excellence in all we do to improve the lives of those we serve and our community.
- ❖ Wellness - We promote the health and wellbeing of the whole person and the safety of their environment.
- ❖ Collaboration- We value and seek the opinions and thoughts of others. We strategically partner to achieve common goals to make greater impact.
- ❖ Compassion - We regard others with understanding, empathy and a willingness to help.

Consistent with our mission and vision, SDCC's goal is to continuously improve the quality of services provided to our youth and their families. To achieve this goal, SDCC conducts ongoing and systematic quality improvement efforts that focus on direct youth care delivery processes and support processes that promote optimal youth outcomes. This is accomplished through various quality improvement techniques including:

- Clinical outcomes monitoring including aggregate pattern and trend analysis
- Internal auditing
- Parent/caregiver and youth feedback
- Peer reviews
- Project teams to manage youth care and to improve the quality of care, efficiency, and communication
- variance analysis

### **3. The active inclusion and participation of the staff, children, nonminor dependents, families and community resources.**

#### **Board of Directors and the Chief Executive Officer**

SDCC's Board of Directors (Board) assumes ultimate responsibility for the Continuous Quality Improvement (CQI) Plan. The Board authorizes and designates the Chief Executive Officer (CEO) as the individual responsible for the implementation of the CQI Plan. The CEO may delegate the administration and monitoring of performance measures to managerial and administrative staff. The CEO has designated oversight of the day-to-day operations of this CQI Plan to the Vice President (VP) of Clinical Services, the Quality Assurance Director, and the Quality Council. The Board further authorizes the CEO to implement corrective action when necessary to ensure compliance with this plan, and for the furtherance of SDCC's mission, vision, and goals, and objectives.

Additionally, SDCC's Board has ultimate responsibility for the quality and cost effectiveness of the clinical care delivered to SDCC youth and families. The Board delegates this responsibility to the CEO. The Board receives, at a minimum, a quarterly summary of all outcomes monitoring, external investigations information, and quality improvement activities, including findings and actions taken by SDCC's Quality Council. The Board may provide feedback to the Quality Council via the CEO or VP of Clinical Services. The Board and/or the CEO may update this CQI Plan as they see fit.

Responsibilities of the Board include:

- Annual review and approval of the CQI Plan.
- Quarterly review of quality improvement activities and outcomes data reports, including patterns and trends.
- Based on reviews of outcome data, and program monitoring and quality improvement activities, provide feedback to the CEO and/or the VP of Clinical Services.

### Senior Staff

Senior Staff, which is comprised of SDCC directors and senior leadership, including the CEO, is responsible for supporting SDCC in the implementation of the CQI Plan. Specific Senior Staff members (VP of Clinical Services, Sr. Director of Campus Programs, Sr. Director of Specialty Clinical Services, and Quality Assurance Director) participate in monthly Quality Council meetings. SDCC's CEO participates in Quality Council meetings as needed, is provided regular updates on SDCC's quality improvement activities and outcomes data, and is responsible for communicating any necessary information to remaining Senior Staff members.

Responsibilities of the Senior Staff include:

- setting expectations for the collection and use of data and information to improve SDCC's quality of care;
- identifying resources needed for data and information collection and use;
- using the data and information provided to make decisions that support to quality of SDCC's services;
- using the data and information provided to respond to internal and external changes in the environment;
- evaluating the efficacy of the data and information collected and used throughout the organization; and
- participating in organization-wide quality improvement activities.

### SDCC's Quality Council

Quality Council has responsibility for planning, designing, implementing, evaluating, and coordinating youth care and for clinical quality improvement activities. Quality Council regularly reports outcomes monitoring and quality improvement activities to the CEO and to the Board on a quarterly basis, and consists of the following representatives:

- |   |                                  |                          |
|---|----------------------------------|--------------------------|
| • VP of Clinical Services                     | • Foster Family Agency Manager   | • Outcomes Analyst       |
| • Sr. Director of Campus Programs             | • School-Based Community Manager | • Residential Leadership |
| • Sr. Director of Specialty Clinical Services | • Quality Assurance Director     |                          |

Quality Council members are responsible for:

- reviewing all clinical policies and procedures;
- reviewing formal grievances submitted by parents/caregivers, youth, or community members;
- prioritizing issues referred to the Quality Council for review;
- monitoring identified outcomes according to specified timeframes and as outlined in this CQI Plan;
- identifying areas in need of further evaluation;
- making recommendations regarding the implementation of quality improvement activities in determined areas and regarding ongoing program evaluation mechanisms;
- analyzing quality improvement activities; and
- ensuring the appropriate follow up of problem resolution is completed.

### Program Staff

All program staff members participate in the quality improvement process. Program staff members are responsible for the implementation of quality improvement activities within their programs to continually improve the quality of services provided to SDCC youth and families. Program staff members participate in medical records and peer reviews, program policy and procedure development, administration of youth and family satisfaction surveys, data collection and reporting, program outcomes monitoring, program quality improvement activities, and more.

Program Managers/Directors are responsible for:

- identifying quality indicators for their program;
- collecting and analyzing program outcomes data;
- reporting significant findings to Quality Council;
- developing and implementing program activities to improve service delivery;
- communicating program outcomes and data analysis results to program staff members; and
- monitoring program outcomes to ensure that improvement in the quality of services is made and sustained.

### Children/Nonminor Dependents and Families

SDCC recognizes the importance of consumer satisfaction and incorporating the youth and family voice in quality improvement efforts. To measure consumer satisfaction, SDCC administers an annual satisfaction survey to youth (age 13 and older) and families served, including those receiving STRTP services. SDCC Program Managers determine the best method by which to administer the annual survey, e.g. in the office, in the community, via mail, or etc, and the purpose of the satisfaction survey is explained to at the time of administration. Surveys are provided in each youth's and family's preferred language.

At the program level, satisfaction survey feedback is shared in staff meetings and negative feedback is addressed through the development of improvement plans as necessary with specific action items and designated staff who are responsible for follow through. Satisfaction and improvement is reassessed through informal follow up with parents/caregivers.

At the organizational level, SDCC's Quality Assurance Department compiles satisfaction survey results from each SDCC program for review by SDCC's Quality Council, Senior Staff, and Board of Directors. If necessary, and based on what has already been implemented at the program level, performance improvement plans are developed and executed with oversight provided by SDCC's Quality Council via monthly reviews.

In addition to satisfaction surveys, SDCC's STRTP has an established Youth Council for each age group to empower active youth voice and choice in decision making within the program, including environment and activities. The SDCC STRTP **Youth Councils** (one for adolescents and one for children and pre-teens) meets weekly and each cottage/unit has a rotating representative. Youth Council meetings are facilitated by youth, address appropriate concerns, and develop and document action plans as needed with the support of SDCC STRTP Counselors and Supervisors who attend each meeting. Information/action items/decisions from Youth Council meetings is shared with any youth who are unable to attend. Youth Council meetings have also included alumni participation. Youth Council suggestions can help to select, improve or expand activity offerings on campus or in the community.

The SDCC STRTP also has a **Program Advisory Group**, which meets monthly and has **regular family participation**. The purpose of these meetings is to engage families, and to solicit informal feedback, for program improvement. Feedback solicited from these meetings is discussed at the program level and improvements are made as necessary and appropriate. If any significant programming changes are proposed, e.g. consideration of a new behavioral intervention system, approval from all applicable regulatory agencies and SDCC's Clinical Standards Committee is required.

#### Community Resources

The SDCC STRTP has strong connections to community resources and providers and integrates them into treatment as indicated. To ensure this, the SDCC STRTP has a Community Engagement Coordinator who provides support services to youth with emphasis on youth and families in need of resources, connection and support in the community and on youth transitioning into adulthood. The Community Engagement Coordinator serves as a member of the Child and Family Team and is responsible for communicating with caregivers and other team members as needed to connect family and community.

The SDCC STRTP regularly utilizes a wide variety of community resources in therapeutic programming to increase each youth's exposure to activities they may not have previously experienced. This exposure helps promote the goal of reintegrating youth into the community. These resources include community sports leagues, community centers, dance studios, art studios, animal assisted activity programs, performing arts groups, community-based clubs, etc. For a comprehensive list of community resources regularly integrated into SDCC STRTP care, please refer to *Section K. Consultants and Community Resources to be Utilized*.

Additionally, the SDCC STRTP coordinates care with community providers as applicable for each youth served. Community providers involved in a youth's treatment are included in Child and Family Team meetings and consulted with as appropriate. Feedback received from a community provider regarding a youth's care is communicated to program leadership and if deemed necessary, improvements are made.

4. **The specific outcomes, indicators, and practice standards, including outcomes associated with trauma informed and culturally relevant services.**
5. **The qualitative and quantitative data and information related to identified outcomes, indicators, and practice standards.**

#### SDCC Continuous Quality Improvement Plan Purpose

SDCC's CQI Plan demonstrates SDCC's commitment to improve the quality of services delivered to youth and their families. SDCC's CQI Plan outlines goals and strategies to objectively and systematically monitor and evaluate the quality, appropriateness, efficiency, safety, and effectiveness of care and service using a multidimensional approach. This approach enables SDCC to focus on opportunities for improving agency and program processes, clinical outcomes, and satisfaction of youth, families, and stakeholders. SDCC's CQI Plan promotes accountability of all staff members and affiliated individuals for the quality of care and services provided by SDCC.

#### SDCC Continuous Quality Improvement Plan Goals & Strategies

- A. Design and maintain the quality improvement structure and processes that support continuous quality improvement, including measurement, trending, analysis, intervention, and re-measurement.
- B. Assign responsibility for overseeing the design and maintenance of, and fostering an approach to, continuously improving the quality of care and services provided by SDCC.
- C. Identify important aspects of care and services to be measured and prioritize accordingly. Identified aspects are:
  - primarily focused on quality of care and safety
  - congruent with SDCC's mission, vision, values, and strategic plan/initiatives
  - affect a large percentage of youth

- include problem prone procedures
  - include input from external sources (stakeholders, regulatory agencies, etc.)
  - based on available resources
- D. Select and implement performance measurement activities/indicators, which consider:
- current processes and past outcomes
  - youth and family needs
  - organizational standards of quality care
  - youth, staff, and family feedback
  - safety of the care environment
  - utilization and risk management findings
- E. **Collect and maintain outcome data (qualitative and quantitative)** per identified and specified timeframes, per regulatory and accrediting agency requirements, and as resources permit. Outcome data varies across SDCC programs.
1. Specific to the SDCC STRTP, the following performance data/outcomes are collected and analyzed:
- a) Reviewed/Analyzed monthly by SDCC's Quality Council and STRTP leadership and staff:
- Youth Accident Injuries
  - Serious Incidents Overview
  - Physical Holds
  - Medication Variances
  - Physical Hold Debrief Data
  - External Investigations
  - Staff Training Compliance
- b) Reviewed/Analyzed on a quarterly basis by SDCC's Quality Council and STRTP leadership and staff:
- Medical Record Peer Review Results
  - Medication Monitoring Results (Psychiatrist Peer Reviews)
  - Child & Adolescent Measurement System & Children's Functional Assessment Rating Scale Data
- c) Reviewed/Analyzed on a biannual basis by SDCC's Quality Council and STRTP leadership and staff:
- Satisfaction Survey Results
  - Discharge Data
2. Specific to trauma-informed care and culturally relevant services, the following outcome data is collected and analyzed:
- a) SDCC conducts an annual organizational self-assessment, which assesses SDCC's adoption of Trauma-Informed Care Practices and culturally relevant services and includes staff responses from every SDCC program and department. The following areas are assessed, and results are reviewed by SDCC's Quality Council, by SDCC's Trauma-Informed Care Workgroup, by SDCC's Program Managers, and among each SDCC Program and Department's team:
- Provision of a trauma-informed, educated, and responsive workforce, i.e. hiring practices, staff orientation process, supervision and evaluation, staff development, promotion of staff self-care, etc.
  - Provision of a safe and secure environment for youth, families, and staff, i.e. policies/procedures, treatment practices, environmental elements and conditions, grievance process and follow up, etc.
- b) SDCC also conducts a biannual services survey (in English and Spanish) for youth (age 13 and older) and families. This survey assesses family/youth overall satisfaction of services, staff's cultural sensitivity, staff's respect of youths'/family's personal beliefs, level of inclusion in treatment, etc. Results are compiled and reviewed by SDCC's Quality Council, by SDCC's Program Managers, and among each SDCC Program team.
- F. Analyze collected outcome data including data comparisons regarding SDCC's processes and outcomes over time (patterns, trends, and variations). Data analysis results are used by Quality Council and/or program staff to identify improvement opportunities.
- G. Communicate data analysis results and outcomes to Senior Staff, SDCC's Board, applicable Departments, and to SDCC Program Managers to ensure negative outcomes are addressed at the program level as needed (e.g. staff training and education, development of new processes and procedures, program monitoring, etc.) and that positive outcomes are recognized and replicated as applicable.
- H. Establish thresholds for further evaluation based on the following factors:
- an important clinical event
  - a predetermined level of performance
  - a pattern or trend in the outcome data
- I. Implement a Quality Improvement Plan (QIP) in any area. Should an implemented QIP not achieve or sustain planned improvements, Quality Council will make recommendations to the applicable Program Manager for necessary QIP modifications.
- J. Develop new clinical policies, procedures, and processes as needed based on performance of current procedures and processes and their outcomes and identified areas of improvement.
- All clinical policies and procedures are reviewed by Quality Council, approved by the CEO, and communicated (via email) and made available (via SDCC's intranet) to all staff.

- K. Establish ongoing program evaluation mechanisms to fulfill accreditation standards, licensing requirements, and strategic plan goals.

**6. How the facility will review, analyze, and interpret the data.**

The Director of Quality Assurance uploads all compiled performance data reports to SDCC's intranet for STRTP staff and leadership to review during team meetings, and prior to SDCC's Quality Council meeting, to ensure any questions or concerns raised by Quality Council members can be adequately addressed by the STRTP Quality Council representatives.

**7. How the facility will take the data and inform and improve policies and procedures.**

Performance Improvement, Assessment, Reporting, and Communication

All SDCC performance improvement measures and assessment activities must be documented and reported in the appropriate methods defined in the Continuous Quality Improvement Plan, which include:

- A. Quality control statistical monitoring reports and pattern or trend analysis reports completed by assigned staff members and per designated timeframes (e.g. monthly, quarterly, biannually, annually, and/or as needed). These reports are reviewed by SDCC's Quality Council, and by SDCC's Board per regulatory agency requirements, accrediting agency standards, and as determined necessary by the CEO.
- B. Quality Council determines the necessary thresholds in which more intensive review and analysis is needed, and then, based on those reviews, makes any necessary recommendations to the Clinical Standards Committee and to the appropriate Management staff.
- C. Should the Quality Council determine a performance outcome needs improvement, a QIP will be developed and issued to the appropriate Program Manager with identified timelines under which the Program Manager will be required to follow, and respond to, the FADE quality improvement model\*. If SDCC's Quality Council determines an organizational policy/procedure needs development or revision to address performance improvement, policy revisions are made by SDCC's Director of Quality Assurance and policy review/approval is sought per SDCC's established policy approval process.
- D. Management staff is responsible for: communicating applicable information to the respective staff members under their supervision; for the analysis, development, execution and evaluation of the QIP; and for reporting QIP outcomes to Quality Council.

*\* The FADE quality improvement model provides a formal approach to the analysis of performance and systematic efforts to improve it. (FADE = Focus; Analyze; Develop; Execute; and Evaluate)*

Education

All SDCC clinical and supporting staff members are given the responsibility and the authority to participate in SDCC's CQI Plan. To accomplish this, staff are educated regarding the CQI Plan, which includes an overview of the plan and how each staff member contributes to the plan based on their job responsibilities. Any changes to this CQI Plan will be made available to SDCC staff members for review.

Annual Evaluation

SDCC's CQI Plan is evaluated on an annual basis by SDCC's Quality Council and Board for effectiveness in achieving the goal to provide the most appropriate quality of care to SDCC youth and families. The following information is provided, or made available as requested, to SDCC's Board: summary report of activities; improvements made; care delivery processes modified; projects in progress; and recommendations for changes to the CQI Plan.

**8. How the facility will evaluate service delivery and assess outcomes associated with trauma informed services.**

As stated above, specific to trauma-informed care and culturally relevant services, SDCC evaluates service delivery and assesses outcomes with trauma informed services via an annual organizational self-assessment, which assesses SDCC's adoption of Trauma-Informed Care Practices and culturally relevant services, and includes responses from every SDCC program and department. Results are reviewed by SDCC's Quality Council, by SDCC's Trauma-Informed Care Workgroup, by SDCC's Program Managers, and among each SDCC Program and Department's team.

SDCC also conducts a biannual services survey (in English and Spanish) for youth (age 13 and older) and families, which assesses family/youth overall satisfaction of services, staff's cultural sensitivity, staff's respect of youths'/family's personal beliefs, level of inclusion in treatment, etc. Results are compiled and reviewed by SDCC's Quality Council, by SDCC's Program Managers, and among each SDCC Program team.

**Describe how the facility will evaluate its program's outcomes and results to include:**

**1. Evaluating the program's outcomes and results.**

The SDCC STRTP and SDCC's Quality Council evaluates outcomes and results as described on the preceding pages and includes regular and continual review of identified performance outcome measures, outcome pattern and trend analysis, and development of intervention if necessary for performance improvement.

**2. Providing the outcomes and results to the Department for review.**

Performance outcomes reports are compiled monthly by SDCC's Outcomes Analyst and Director of Quality Assurance. A summary data report is provided to SDCC's Board of Directors on a quarterly basis. This report will also be provided to the Local CCL Analyst for review via email by SDCC's Director of Quality Assurance or the Director of Residential Programs. The summary report highlights physical hold episodes, accidents and injuries, police involvement, runaways, and psychiatric hospitalizations, and includes pattern, variance, and trend analysis of at least two years' prior data. Detailed data reports will be provided upon request.

**3. Developing policies and procedures that will be put in place to make positive changes.**

The Director of Quality Assurance uploads all compiled performance data reports to SDCC's intranet for STRTP staff and leadership to review and analyze at the program level and during team meetings. If necessary, program procedures are reviewed or developed to address any areas of concern or any areas in need of improvement.

As stated in SDCC's Continuous Quality Improvement Plan on the preceding page, if it is determined a policy needs to be developed and/or revised following evaluation of program outcomes by Quality Council and/or STRTP leadership, policy revisions are made by SDCC's Director of Quality Assurance and policy review/approval is sought per SDCC's established policy approval process.

Efficacy of newly developed or revised policies/procedures is evaluated as needed in monthly Quality Council meetings and among STRTP leadership.



## **1. POPULATION TO BE SERVED**

**Describe in detail the following:**

### **1.1 The age range, sex, gender, and population of persons to be served by the facility, including, but not limited to, children; nonminor dependents; persons with physical or developmental disabilities; or mental disorders.**

The San Diego Center for Children-Short Term Residential Therapeutic Program (SDCC-STRTP) provides services for up to eighty (80) male, female, transgender, and gender nonconforming severely emotionally disturbed (SED) children and adolescents (ages 6-17) and non-minor dependents (ages 18-21). Non-minor dependents are defined as youth who are in foster care at age 18 and wish to continue in the Foster Care Program beyond age 18, without a break in care.

Currently, referral and funding sources come from both in and out of San Diego County and consist of:

- |                          |                        |                                |                    |
|--------------------------|------------------------|--------------------------------|--------------------|
| • Adoptions Assistance   | • Hospitals            | • Private Insurance            | • Probation        |
| • Child Welfare Services | • Outpatient Providers | • Private Pay & Self-Referrals | • School Districts |

SDCC policies and practices ensure compliance with ACL 17-122 and prohibits discriminatory admissions practices. The decision to accept/admit a youth to the SDCC STRTP is made regardless of Race, Religion, Gender/Gender Identity, Sexual Orientation, Ethnicity, and Emotional or Physical Handicap. SDCC conducts semi-structured screening evaluations by licensed or license-eligible clinicians to determine our ability to meet the youth's needs in the least restrictive environment. The SDCC STRTP Intake and Outreach Manager (IOM) determines if short term therapeutic residential care can best meet the need of the youth in question, considering the youth's clinical needs, as well as cultural and psycho-social issues. If another provider or level of care is required, based on the admission and continued stay criteria, the IOM, or designee, will offer alternatives to the family. Every effort is made to meet the linguistic and cultural needs of the family, and if needed, interpreter and/or sign language services are accessed.

#### **SDCC STRTP Admission Criteria**

In compliance with ACL 17-122, the IOM, or designee, determines if a youth meets the following criteria for admission, as determined by records review of referral materials, coordination of care with placing agency representative, and whenever possible an interview with youth and/or caregivers:

- Seriously emotionally disturbed youth (age 6 through 17 years old) who have a mental disorder as identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, other than a primary substance use disorder or developmental disorder, which results in behavior inappropriate to the child's age according to expected developmental norms, and as a result of the mental disorder the child has substantial impairment in at least two of the following areas: self-care, school functioning, family relationships, or ability to function in the community; and either of the following occur:
  - The child is at risk of removal from home or has already been removed from the home.
  - The mental disorder and impairments have been present for more than six months or are likely to continue for more than one year without treatment.
  - The child displays one of the following: psychotic features, risk of suicide or risk of violence due to a mental disorder.
  - The child has been assessed pursuant to Article 2 (commencing with Sect. 56320) of Chapter 4 of Part 30 of Division 4 of Title 2 of the Ed Code and determined to have an emotional disturbance, or a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance:
    - 1) An inability to learn that cannot be explained by intellectual, sensory, or health factors.
    - 2) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
    - 3) Inappropriate types of behavior or feelings under normal circumstances.
    - 4) A general pervasive mood of unhappiness or depression.
    - 5) A tendency to develop physical symptoms or fears associated with personal or school problems.
- Documentation that the youth has failed to respond to an adequate trial of less restrictive treatment interventions
- Transition of the youth from another acute care facility or STRTP and/or all other less restrictive intensive alternatives have been considered and ruled out as inappropriate
- Intellectual capacity to benefit from program
- Sufficient motivation to participate in the program
- Fully ambulatory

### Characteristics of Population Served to Ensure Commonality of Need

- Multiple mental health diagnoses or complex diagnostic presentation that impedes age appropriate functioning
- Chronic harmful behaviors (more than six months in duration) including aggression and self-destructive behaviors
- School failures and multiple school placements due to mental health and behavioral impairments
- Symptoms and behaviors that have been resistant to previous therapeutic intervention
- Inability to maintain safety in a home or family environment

All youth referred are given careful consideration to ensure there is a commonality of need among the current population and the youth will benefit from the treatment and services provided by SDCC STRTP. This is determined through an individualized semi-structure screening evaluation by a licensed or licensed eligible clinician including records review of referral materials, coordination of care with placing agency representative, consideration of available supplemental supports, and whenever possible an interview with youth and/or caregivers. Based on this thorough and collaborative evaluation, if it is determined that the youth has safety and care needs the SDCC STRTP is not able to effectively meet, even with supplemental supports, or that there is clear lack of commonality of need with the typical population in care (per ACL 17-122), the youth will be referred to other specialized treatment providers. Careful consideration will be given to the services needs of youth with the following:

- History of arson
- Imminent risk for homicide and/or suicide
- Predatory aggressive or sexual attacks or high risk of sexual perpetration
- Use of a weapon causing harm to others
- Current high risk/active CSEC involvement
- Acute medical needs
- Diagnosis of pedophilia
- Gang involvement
- Primary substance abuse diagnosis
- Intellectual Disability (Severe to Profound)
- Autism Spectrum Disorder, severe (requiring very substantial support)

The goals of the SDCC-STRTP are:

- Assist youth and families in developing skills and understanding needed to reduce mental health impairment, improve global functioning, and engage support systems so the youth can succeed in a permanent family environment.
- Provide effective and timely behavioral health services and support resources to minimize length of placement in an out of home setting.
- Support each youth's mental health treatment through the provision of optimal care in a multidisciplinary clinical setting and daily activities that support, augment, and reinforce individual treatment goals and meet educational needs and/or mandates.
- For youth placed in the SDCC-STRTP through their school district, the Program will meet each student's Individualized Educational Program (IEP) goals and ultimately reintegrate them into a less restrictive educational setting in an appropriate school district classroom or other educational setting as determined by the student's IEP.

### **1.2 The practice models or interventions that will be utilized and/or tailored to serve specific populations, including how the agency will serve commercially sexually exploited children; lesbian, gay, bisexual, transgender, and queer/questioning children; nonminor dependent; and families.**

#### Severely Emotionally Disturbed

SDCC has nearly two decades of experience providing culturally competent and trauma-informed Title IX Specialty Mental Health Services to residentially placed youth. Since 1999, SDCC has contracted with San Diego County Children, Youth and Families-Behavioral Health Services (BHS-CYF) to provide mental health enhancement services within SDCC's residential programs. SDCC's residential treatment programs have provided youth who meet criteria for SED with an array of core therapeutic services that are trauma informed, culturally relevant, and individualized based on their treatment needs and development, to improve their mental health functioning. Services include assessment, plan development, individual/family/group therapy, psychiatric services, treatment team/CFT meetings, independent living skills (ILS) training, daily living skills education, rehabilitation, case management, and discharge planning. Residentially placed youth have serious, and often multiple, behavioral health diagnoses, have been unsuccessful in less restrictive treatment settings, and require a highly structured, intensive treatment program. Currently, the SDCC STRTP uses elements from the following therapeutic models to address the treatment needs of youth: Cognitive Behavioral Therapy (CBT), Family Therapy (behavioral, structural, and strategic), Trauma Focused-Cognitive Behavioral Therapy (TF-CBT); Solution Focused Brief Therapy (SFBT); Motivational Interviewing (MI); Seeking Safety; Positive Discipline (PD); Dialectical Behavior Therapy (DBT), Mindfulness, Question-Persuade-Refer (QPR). SDCC STRTP interventions include use of: Positive Behavioral Support/Behavior Management; PeaceBuilders; and Building Effective Schools Together (BEST). How each of these models is incorporated into the SDCC STRTP daily services and activities is detailed in Sections four (4) and seven (7) of this Program Statement.

SDCC STRTP's leadership and training staff have developed an intervention and training program, "Intervention Toolbox". SDCC has been training residential staff on the use of this intervention program since 2013. Based on review and comparison of SDCC residential serious incident data to previous years, it has proven effective in deescalating youth and avoiding crises. Intervention Toolbox is based on components of BEST, a positive behavioral intervention and support program that packages several evidence-based interventions into a model of universal, selected, and targeted interventions. A critical element of this program is that it incorporates mental health techniques using the language of educators. Some of the fundamental principles and universal interventions associated with the Intervention Toolbox and BEST are summarized as follows:

- The program is strength-based and highlights each youth's successes and achievements, catches youth doing things well, encourages four positive contacts for every corrective feedback, and mistakes are opportunities for learning and practice.
- The program emphasizes teaching, modeling, practicing, and reinforcing. Social skills are taught like academic skills; teaching occurs through multiple examples (reminders, cues, and prompts); teaching occurs at the point of performance; and recurring problem behaviors are indicators of the need for additional teaching and practice.
- The program places especially strong emphasis on staff training and demands consistent behavioral expectations for staff.

#### Neurocognitive impairment and developmental delays

The SDCC STRTP can provide services to youth with mild neurocognitive impairment and developmental delays. Acceptance of referrals is done on a case-by-case basis after screening by the admissions staff, and program manager, if needed. Youth with mild developmental delays respond well to the program's focus on creating a safe, positive, and predictable environment, and to the positive behavioral supports and behavior management systems that are used to increase adaptive/prosocial behaviors. Additionally, program staff are trained to make individual accommodations as needed based on the cognitive abilities of each youth.

#### Substance use and abuse issues (Dual Diagnosis, Secondary Condition)

Youth with a substance abuse issue have a maladaptive pattern of substance use leading to clinically significant impairment or distress. SDCC's STRTP collaborates with external providers (McAllister Institute and Alateen) to offer chemical dependency treatment services, substance abuse education and groups, and relapse prevention, to youth who are dually diagnosed with mental illness and a substance abuse or addiction problem. SDCC uses Motivational Interviewing (MI) as a method for substance abuse treatment. MI is a goal-directed, patient-centered counseling style for eliciting behavioral change by helping youth to explore and resolve ambivalence. MI has been applied to a wide range of problem behaviors related to alcohol and substance abuse and health promotion, medical treatment adherence, and mental health issues. Family therapy and behavioral therapies are also used to improve relations between the youth and caregiver and increase structure and supervision in the home.

#### Probation

SDCC treats youth referred by Probation who have a primary mental health condition that meets SED criteria. SDCC seeks to understand behavioral, emotional, and social conditions that may have contributed to intervention through the Juvenile Court system. Treatment focus is on restoring mental health, building positive and supportive adult relationships, and engaging youth in a range of prosocial development activities including education and vocational goals. The SDCC STRTP provides extensive Independent Living Skills Training for youth. SDCC STRTP staff collaborate with Probation by providing ongoing communication, coordination of services, treatment recommendations, treatment planning, and progress reports. Probation Officers are encouraged to be active participants in the treatment team/CFT processes to discuss progress, make recommendations, and coordinate treatment efforts for youth and families.

#### Sexually reactive/abused/commercially exploited

All youth admitted to the SDCC STRTP are provided with a trauma informed assessment to evaluate for current or historical trauma, including sexual trauma and abuse. The SDCC STRTP provides structure, active supervision, and a focus on appropriate emotional and physical boundaries. Acceptance of referrals with a known history of sexual perpetration and/or sexualized behavior is done on a case-by-case basis after careful screening by the Intake and Outreach Manager or designee, and a finding that the SDCC STRTP can meet the youth's needs and ensure safety within the program. Many of these youth have experienced significant and persistent trauma, and may perceive many situations as threatening. The focus on safety and predictability helps avoid these "false triggers" and build safe space while the youth is working through their trauma issues. Our staff receive training on working with sexually reactive children, including being sensitive to the issues related to their trauma and sexualized behaviors, providing trauma-informed interventions, and helping the youth regulate their difficult or distressing emotions. Therapeutic interventions may include Trauma-Focused CBT, and elements of Seeking Safety and DBT, to reduce the impact of the trauma on daily functioning, while increasing safe relationships, self-advocacy, and coping.

While SDCC does not provide programs specifically designed to address the needs of commercially sexually exploited youth (CSEC) due to the vulnerable nature of the SDCC STRTP population overall, and the unsecured and accessible location of the SDCC STRTP facility, SDCC does provide basic training regarding commercially sexually exploited youth and provides trauma informed intervention. If youth are identified after admission as having commercially sexually exploited concerns and risks as a primary focus,

the youth may be re-evaluated for appropriateness of treatment at SDCC and may be referred to a more appropriate treatment program. If the commercially sexually exploited related concerns are existent, but not primary, then those concerns will be addressed within the individualized treatment plan, in collaboration with CWS and legal partners.

Additionally, SDCC has a positive collaborative relationship with the Rady Children's Hospital Chadwick Center and STEPS treatment programs and refers children to those programs when appropriate. SDCC STRTP staff have excellent communication with providers in these programs, are familiar with the treatment issues on which they focus and follow through on treatment protocols recommended. Both agencies have provided training and consultation to SDCC on an 'as needed' basis.

#### Chronic history of runaway behavior

Chronic runaway behaviors are often due to the youth not feeling safe to deal with their emotions in the treatment setting, to the desire to use drugs or alcohol, or to be with other social networks. The program strives to target these and other potential causes through the treatment approaches used. Runaway behavior is viewed as a symptom of an underlying problem or issue; thus, staff work to help the youth identify and solve the underlying cause. The Intervention Toolbox and Trauma Informed Care principles are interventions used to create a safe, non-threatening treatment environment where youth feel safe, accepted, and engaged in their treatment choices. CFT meetings may be held to problem solve and offer alternative strategies, supports, and goals that reduce the need for runaway behavior while increasing motivation for treatment. Youth with substance use or abuse issues receive targeted services including individual and group therapy focused on sobriety and relapse prevention. All direct care staff are trained in policies and procedures regarding responding to runaway behavior, including following youth while maintaining visual contact, maintaining verbal contact with other staff via communication device, and notification to law enforcement.

#### Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) youth

SDCC residential programs maintain and promote a safe environment for LGBTQ youth. The provision of services is based on professional standards as found in the California Department of Family and Children's Services Guidelines for Good Childcare Practices with LGBTQ Youth (LGBTQ Youth Guidelines). SDCC's STRTP facilities promote living accommodations that are flexible and affirming to youth identity, including co-ed, gender specific and gender non-specific units, private rooms, and inclusive activities.

The SDCC STRTP addresses the unique, individual needs of LGBTQ youth, which are identified through a comprehensive bio-psycho-social screening evaluation and assessment. SDCC therapists are aware that LGBTQ youth experience additional pressures related to their gender identity or expression, or sexual orientation, which frequently result in co-morbid problems including increased suicide risk, depression and anxiety, substance use, reduced social support, and school drop-out. For this reason, therapists help LGBTQ youth explore their feelings about their gender identity or sexual orientation, along with related issues and questions, in a safe, affirming manner. Family or other supports are actively engaged to address concerns and build understanding and support to meet the youth's needs, increase advocacy, and ensure that their rights are respected.

LGBTQ youth are at increased risk for harassment and violation of personal rights. SDCC is a "hate-free zone", committed to respecting and supporting the rights of all individuals. To raise awareness and capacity for staff to affirmingly respond to gender identity, sexual orientation, and gender expression issues in residential settings, SDCC provides continuous training, coaching, and supports regarding the rights and care of LGBTQ youth to all levels of staff, including administrators.

#### Physical/medical disabilities

SDCC has an affirmative legal duty to make reasonable accommodation for youth with medical or physical disabilities, which may necessitate appropriate education, counseling and support services for their specific care and supervision needs. Decisions regarding admission for youth with medical or physical disabilities and/or handicaps are made on a case-by-case basis by a multidisciplinary team including the program manager, admitting psychiatrist, nurse manager and pediatrician. Factors considered by the multidisciplinary team include: the youth's medical condition; ability to manage the youth's medical condition; and SDCC's ability to provide access to appropriate care and treatment services.

#### Non-Minor Dependents and Transitional Age Youth (TAY)

The SDCC STRTP provides TAY, which includes non-minor dependents, with a variety of services to assist them in making a successful transition into adulthood and achieve personal goals in transition domains such as employment, education, housing planning, personal hygiene, and other classes focused on teaching the basic life skills. These services include: assessments and treatment planning; Independent Living Skills Training; Transitional Independent Living Plan development; internships and job coaching; and employment and/or continuing education assistance.

The SDCC STRTP provides these services through a contract with San Diego County BHS-CYF, which is funded by the Mental Health Services Act. The SDCC STRTP currently employs a Life Skills Program Manager and Life Skills Program Coordinator who are solely dedicated to effectively serving the TAY population within the SDCC STRTP.

Additionally, SDCC has funded an initiative to better meet the unique needs of TAY served by SDCC programs. This initiative enhances the services our TAY currently receive through ILS or community TAY programs. SDCC's Successful Transition Program was designed to better help SDCC TAY and their families navigate the transition to adulthood process. The SDCC Successful Transition Program's primary functions include a comprehensive assessment of the TAY's needs, core competencies, and support system. The assessment guides the individualized transition action planning process, which is a combined effort of the youth, transition coach, and other treatment team/CFT members to develop transition plan goals and focus transition coaching services to ensure a successful transition to independence.

#### Families/Targeted Return Environments

Through a current mental health enhancement contract with San Diego County BHS-CYF, the SDCC STRTP provides family therapy, collateral, and case management with a licensed or license eligible therapist to assist the family/caregivers in addressing acute exacerbation of symptoms, resolving conflicts, and improving communications. The goal is to provide the family/caregiver with education, emotional support, and resources aimed toward empowerment of the family/TRE. Every youth has a right to an available parent/guardian and a permanent plan of placement or reunification. If a parent is not available for reunification, collateral and case management services are utilized to identify the most appropriate alternative TRE (in collaboration with CWS or other supporting agencies), and to address the above objectives while helping all family members cope with alternative placement. Family therapy is offered on an as needed basis. Additional services to support families and permanency include family activities, visitation and passes, intensive in home behavioral support and intensive care coordination.

#### STAR Youth

In addition to the services above, the STAR short-term (90 days or less) care partnership with CWS was developed to address an existing gap in services for youth not currently placed in residential care but housed in either Polinsky (shelter) or Juvenile Hall and awaiting placement recommendation. The SDCC STRTP STAR Program provides a stable and structured treatment environment for evaluation of service needs and recommendation for appropriate level of long-term care to divert youth from unnecessary placement at Polinsky, juvenile hall or psychiatric hospitalization. The STAR program serves as an enhancement to the SDCC STRTP's existing services.

### **1.3 How your facility will engage the community, community-based organizations, or providers that work with the specific population.**

Youth in the SDCC STRTP are actively engaged in the community and SDCC has well established connections to various community-based organizations. SDCC establishes these connections and supports for the following:

#### Active and Passive Recreation Services

SDCC uses several community-based organizations for the provision of active and passive recreation services and to engage the youth in the community and with other peers. Under supervision and direction of the Recreation Services Manager, program activities include two rehabilitative or recreation activities per day, one is active, and one is passive. The objectives of the SDCC STRTP Recreation Program include meeting individualized treatment needs, improving functioning, developing new skills, and providing a means for self-expression. Community based organizations provide youth the opportunity to participate on community sports teams, clubs, classes, lessons, and social activities and events. Services may be provided individually, in small group settings, and in large groups. Each activity, and setting, is utilized as a tool for skill and social development.

SDCC also engages the community and community-based organizations via the Community Engagement Coordinator, who connects SDCC STRTP youth and their families to community enrichment activities and works to support youth in their transition home by identifying resources and supports in their home communities and establishing those connections prior to transition. These services are further detailed in Sections 4.1 and 7.2.2 of the Program Statement.

#### Services for the Specific Population, Mental Health, Medical, and Dental Services

Youth may require additional community-based services beyond those services offered by the SDCC STRTP to meet special needs, or to maintain continuity of care with service providers. Examples may include STEPS for treatment of sexual perpetration, Chadwick Center for assessment and intervention for family violence, or court appointed TERM providers for long term psychotherapy. SDCC ensures ongoing communication between community-based providers and the treatment team, with the SDCC therapist serving as the primary liaison. Youth may be referred to partnering health care professionals and services or may continue to receive services from previous or family preferred providers. These referrals for external services may be requested by the youth, family, treatment team, or CFT. SDCC establishes communication in accordance with HIPAA guidelines and use of ROI procedures. Transportation to such services may be provided by SDCC staff, or by the youth's family or authorized representative.

### Religious and/or Cultural Services

Culturally diverse activities are held, and major holidays of different cultures are recognized and celebrated. Youth, family members, and individuals from the community are invited to contribute toward the planning of these events and attend the events when possible. SDCC STRTP Recreation staff and Counselors:

- work to identify culturally significant, and/or historical, events in the community (e.g. black history month events, Chinese New Year events, holocaust remembrance events, etc.);
- ensure youth attend, and are transported to and from, religious/worship services and culturally diverse events in the community whenever they express interest in doing so; and
- provide groups and activities (cooking, crafts, etc.) that explore different religions and cultures, which includes inviting community members to provide cultural activities and/or present information and answer questions.

### **1.4 How your facility's programs will support the differing needs of children, nonminor dependents, and families, including commercially sexually exploited children or youth; lesbian, gay, bisexual, transgender, queer/questioning; gender expansive; and their families.**

All youth admitted and served to the SDCC-STRTP are individually evaluated through a full range of assessments that are collaborative in development and inform the treatment planning, implementation, and review process. Individual needs and strengths identified through assessments will help guide program interventions for each youth, including those with the unique needs mentioned herein. Youth and family voice are essential to the understanding of needs and strengths.

### **1.5 Describe how will you measure the success of these supports to verify the effectiveness of your ability to serve the differing needs of children, nonminors, and families.**

SDCC has a well-established performance measurement and monitoring process to ensure each program, and the organization, achieves its identified goals and objectives in the most effective and efficient manner possible. SDCC conducts ongoing and systematic quality improvement efforts, which focus on direct care delivery processes and support processes that promote optimal outcomes. This is accomplished through the following performance measurement, performance monitoring, and quality improvement activities:

- |  |  |                      |
|--|--|----------------------|
| A. Clinical outcomes monitoring including aggregate pattern and trend analysis | C. San Diego County BHS-CYF data collection and review | E. Internal auditing |
| B. Parent/caregiver and youth feedback   | D. Peer Reviews  | F. Variance analysis |

SDCC's mission, objectives, and the resources required to make improvements are considered in prioritizing performance measurement, performance monitoring, and quality improvement activities, which focus on:

- |                           |   |   |
|---------------------------|---|---|
| A. Processes and outcomes | C. Expectations                             | E. Safety of the care environment           |
| B. Youth and family needs | D. Feedback from youth, families, and staff | F. Utilization and risk management findings |

Quality control data and statistical monitoring reports are completed by assigned staff on a designated monthly or quarterly basis and reported to SDCC's Quality Council, Executive Committee, and Board of Directors. In addition to tracking and reporting procedures for organizational data, each SDCC program establishes quality control monitoring procedures (summarized below and described in detail in the Plan of Operation, Section N) which include staff responsible for tracking and reporting quality control data.

SDCC utilizes the following methods to ensure our services are effective in meeting the needs of the youth and families served, and to ensure a prompt response to any issues or areas of concern regarding quality of care or youth/family satisfaction and to resolve those issues or areas of concern as quickly as possible.

1. Quality Council determines the necessary thresholds in which more intensive review and analysis is needed, and then based on those reviews, makes any necessary recommendations to SDCC's Clinical Standards and Initiatives Committee and to the appropriate management staff.
2. Should SDCC's Quality Council determine a performance outcome needs improvement, a Quality Improvement Plan is developed and issued to the appropriate manager with identified timelines under which the manager will be required to follow the FADE quality improvement model and respond to the identified concern.
3. Pattern or trend analysis reports are compiled by assigned staff on a designated quarterly and/or bi-annual and annual basis. These reports are reviewed by the Board of Directors.
4. Management staff is responsible for communicating applicable information to the respective staff members under their supervision.

Additionally, the following clinical assessments are administered to all SDCC STRTP youth. The outcomes of these assessments are tracked and reported to the San Diego County BHS-CYF as applicable and to SDCC's QC for internal quality control monitoring.

**CRAFFT** – A San Diego County CMH required assessment tool that screens for high risk substance use/abuse issues. It is a general screening tool which assesses a child's exposure to substance abuse as well as any personal substance abuse/use issues. The CRAFFT is completed only at intake.

**CAMS** – The Child Adolescent Measurement System is an assessment tool required by CMH which is completed by youth eleven and older and parents. Results provide information on the child's internalizing and externalizing behaviors, social functioning, and hopefulness.

**CFARS** – The Children's Functional Assessment Rating Scale is a CBHS required assessment completed by the program therapist to assess a youth's level of functioning on 16 domains, including the youth's functioning at home and in school, substance abuse, medical issues, and danger to self or others.

**YSS** – The Youth Services Survey (available in Spanish and English) is administered annually to youth ages 13 and older and to parents/caregivers in all SDCC programs contracted with San Diego County BHS-CYF. For all other programs, SDCC administers an edited version of the YSS. The YSS assesses the youth's and family's satisfaction relative to SDCC's services, including respect of the youth's/family's culture/ethnic backgrounds and religious/spiritual beliefs.

These assessments are completed as part of the initial assessment and/or at required intervals. The youth's therapist is responsible for administering all initial and ongoing assessments.

**Licensees' that intend to admit/or specialize in care for children and/or nonminor dependents who have a propensity for behaviors that result in harm to self or others shall:**

**1.6 Describe how the facility shall take precautions to protect children, nonminor dependents, and all others.**

The SDCC STRTP takes numerous precautions to ensure the safety of the youth served, their families, SDCC staff, and community members/visitors. SDCC is currently contracted with San Diego County BHS-CYF for the provision of Medi-Cal specialty mental health services to all youth placed in SDCC residential facilities. Through that contract, SDCC performs a Behavioral Health Assessment, a High-Risk Assessment, and gains information through the assessment process to predict and plan for potential crises.

SDCC also develops an individualized Calming and Crisis Prevention Plan at intake for each youth with the participation of the youth, family, authorized representatives, and appropriate CFT members. Plans identify triggers, calming strategies and crisis response plans for the youth and family. SDCC STRTP staff are well trained to identify triggers and warning signs for each youth so they can intervene proactively and offer the youth's identified coping skills.

For high needs youth, SDCC STRTP staff will leverage all internal supports to help stabilize symptoms, prevent hospitalization, and save placements. This may include additional therapeutic and case management services or direct care staffing to provide additional support and having more frequent treatment team/CFT meetings to ensure all members are aware of the situation and providing the youth and family with needed support/intervention. When the treatment team/CFT determines even more support is needed, referral to Therapeutic Behavioral Services (TBS) or wraparound is considered.

At times, despite careful prevention planning, crisis situations do occur. The SDCC STRTP has developed a CCL approved Emergency Intervention Plan (described in detail in Section 22 of the Program Statement) to ensure all SDCC STRTP staff are fully trained and prepared to implement the principles and components of the Emergency Intervention Plan and help manage youth in crisis to ensure they do not harm themselves or others.

The SDCC STRTP also creates a safe treatment environment for youth by providing the following:

- a welcoming, trauma informed, and culturally competent treatment environment;
- clean and appealing living areas;
- engaged and nurturing supervision;
- access to increased therapeutic supports in times of need;
- structure, routines, rules and behavioral expectations of youth, which are reviewed with youth and families/authorized representatives at the time of admission;
- proactive elimination or minimization of any possible external, or environmental, triggers (e.g. noise, temperature, light/darkness, etc.); and
- activities that help youth learn and use techniques which enhance their ability to remain calm, self-regulate, and reduce stress. These activities include yoga, guided imagery, meditation, music, and other individualized practices.



## 2. EMERGENCY RESPONSE SERVICES

Describe in detail the following:

### 2.1 Emergency response services to be provided to children, nonminor dependents, and staff in the facility including during evenings, weekends, and holidays.

#### Medical and Dental Emergencies

- For illnesses or injuries that are potentially life-threatening or require immediate medical intervention, services are provided 24 hours a day at Children's Hospital Emergency Room. Any staff member with CPR/First Aid training is trained to identify a medical emergency and, in the event of a medical emergency, immediately begin measures to ensure the physical wellbeing of the youth.
- If it is a life-threatening emergency, staff must call 9-1-1, and then notify a nurse. Staff are instructed not to move a youth until the extent of their injuries has been determined. Staff will notify the nurse on duty for immediate assessment and intervention with all injuries.
- If staff is unable to transport the youth safely in an agency vehicle, arrangements will be made to transport youth via ambulance.
- If the emergency occurs outside the immediate San Diego area, the youth should be taken to the nearest hospital emergency room.
- The staff member accompanying the youth will remain with the youth at the emergency facility during the emergency treatment and will return with the youth following their release. Should hospitalization be necessary, staff will remain with the youth until other arrangements are made.
- Emergency dental services are treated as medical emergencies.

#### Psychiatric Emergencies

- A psychiatric emergency exists when behaviors are unable to be controlled which place the youth or others at serious risk of violence or injury. In the event of a psychiatric emergency, it is the responsibility of the SDCC STRTP Manager, or designee, to notify the youth's parents/caregivers, authorized representatives, and/or the authorities.
- The following is a list of 24 Hour Emergency & Urgent Care Mental Health Services to be utilized by SDCC STRTP staff in the event of a psychiatric emergency:
  - Psychiatric Emergency Response Team (PERT): 858-565-5200
  - Emergency Screening Unit (ESU): 619-421-6900
  - San Diego Access and Crisis Line: 1-888-724-7240
- The SDCC STRTP Manager or designee must be notified via phone 24 hours per day/seven days per week, and he/she will determine the appropriate person/s to contact, including psychiatric and/or medical personnel.

#### Notifications

In the event of a medical, dental, or psychiatric emergency, SDCC staff document all information surrounding the emergency in a serious incident report and the appropriate notifications (e.g. parents/caregivers/authorized representative) would be made and documented on the serious incident report. Depending on the type/severity of the emergency, Nursing staff prepare medical referral paperwork to accompany the youth to the intended location (e.g. urgent care, hospital, doctor's office or dentist's office). Nursing may also notify the authorized representative upon the youth's return to SDCC if deemed necessary (i.e. length of stay), and any necessary follow up appointments are scheduled and communicated at that time.

### 2.2 How the facility plans to respond to disasters (e.g., earthquakes, fires, floods, etc.).

As mentioned in Section L of the Plan of Operation, SDCC, as a Joint Commission accredited agency, places primary focus on safety and quality of care. SDCC has a thorough and clear Environment of Care Plan (ECP) and Emergency Management Plan (EMP) that have been reviewed and approved internally by SDCC's Safety Committee and externally by the Joint Commission. Each of these plans outlines the procedures to be followed by SDCC staff to ensure the protection of youth and families served. Staff training regarding the information within SDCC's ECP and EMP is provided at the time of hire and annually thereafter.

The purpose of SDCC's ECP is to effectively maintain a safe, supportive, and home-like environment through the establishment of preparation procedures and maintenance action plans. This includes established action plans in the following areas to maintain a physically safe environment that meets the organization's mission and reflects its values and to serve as operational guides for SDCC staff at all levels:

- Environmental Design
- Safety
- Security
- Hazardous Materials and Wastes
- Emergency Preparedness
- Life Safety Equipment & Systems Maintenance
- Utilities Management



The purpose of SDCC's EMP is to provide a safe, secure environment for the youth and families served, and for staff and visitors, by assuming a posture of emergency readiness in the event of fires, disasters, and/or the need for evacuation. To adequately prepare for actual emergencies, SDCC conducts activities, enacts restrictions, and/or provides items detailed in the EMP. SDCC's EMP procedures must be adhered to by all SDCC Campus Departments and Programs, and includes the following:

A. Emergency Drills

- Fire Drills - For the SDCC STRTP, a fire drill is conducted on each shift every quarter, at least half of which are unannounced.
- Disaster Drills - For the SDCC STRTP, disaster drills are held twice each year, once during a day/evening shift, and once during an overnight shift. At least one drill includes an actual evacuation to the designated evacuation site.
- Lockdown Drills - For the SDCC STRTP, practice drills for lockdown procedures are held at least twice each year.

B. Emergency Supplies

SDCC's Safety Coordinator (SC) or designee will ensure that campus emergency supplies (e.g. food, water) are inventoried quarterly, and replenished as needed.

C. Evacuation Site Identification and Maintenance

The approved evacuation site is identified and listed in the Emergency Binders, located in each unit staff office and at the nursing stations, and in all vehicle backpacks for SDCC's residential programs. SDCC's SC is responsible for ensuring evacuation site information is kept current; for identifying appropriate evacuation locations and obtaining written agreements from the sites authorizing SDCC to evacuate to their facility if necessary; and for renewing written agreements annually or as needed.

D. EMP Review and Improvement

To ensure relevance and compliance with current standards, operations, feedback, and utility, SDCC's Safety Committee is responsible for reviewing the Emergency Management Plan at least annually, completed Emergency Drill Reports after each disaster drill, and Fire Drill Review Forms quarterly. Modifications to the EMP will be made in response to deficiencies and opportunities for improvements.

E. Emergency Procedures

Fire Procedures:

- Alarms: Sound the alarm by activating the nearest pull station unless the alarm has already been triggered automatically.
- Use of Extinguishers: If the fire is small (must be no larger than a small trash can), extinguish the fire with the nearest wall-mounted fire extinguisher, using the PASS system (Pull the retaining pin, Aim the extinguisher at the base of the fire, Squeeze the lever to release the extinguisher contents, and Sweep the extinguisher back and forth across the base of the fire). If the fire continues to burn after emptying one fire extinguisher, abandon the fire and proceed with evacuating occupants from the building of incidence and notify the fire department.
- Fire Evacuation for SDCC Campus Programs/Departments:
  1. Direct all occupants out of the building and to the nearest basketball court.
  2. Staff members (designated as a "sweeper") shall inspect all rooms and offices to ensure that all occupants have evacuated, closing all doors and leaving all interior lights on.
  3. Each campus building has a designated sweeper and alternate which is overseen by the safety committee.
  4. Once the inspection is complete, the sweeper will report to the basketball court and notify the Leader on campus that the unit has been inspected and all occupants have been evacuated.
  5. Dietary staff will turn off all appliances in their area prior to evacuating.
  6. The Leader or designee will call 9-1-1 and provide the facility address (e.g. 3002 Armstrong St., San Diego, CA 92111), type of facility (e.g. school and residential treatment center), type of fire if known (e.g. chemical, electrical, paper) and if there are any known injuries.
  7. Do not hang up until instructed do so by 9-1-1 operator.
  8. All interior lights are to be left on unless otherwise directed by fire department personnel.
  9. Do not re-enter a burning building.
- Headcounts: The Leader takes headcounts of those assembled to determine if anyone is missing and obtaining last known location information of anyone who is not present.
- All Clear: Wait for an "all clear" announcement, first from the fire department, then from the Leader, before returning to your classroom, cottage or building.
- False Alarms: The Leader or designee will call the posted 24hour alarm monitoring station to notify them of the false alarm and reset the alarm system in the building where the alarm is sounding by following the steps posted at each alarm panel affected. If the alarm will not reset, fan the smoke detector or open and close the manual pull stations with the fire alarm key and follow the "reset" steps again. If alarm will still not reset, the Leader will notify the alarm company and SDCC's SC.

#### Earthquake Procedures:

- Inside: Take cover under a heavy desk, table, bench, or against an inside corner of the building. Stay away from glass, windows, outside doors and walls, and anything that may fall, such as furniture or light fixtures.
- Outside: Stay outside and move away from buildings, streetlights and utility wires
- In a moving vehicle: Stop as quickly as possible and remain in the vehicle. Avoid stopping near or under buildings, large trees, overpasses, and utility wires. Avoid driving on bridges that may have been damaged.
- Gas Leaks: Due to possible gas leaks, don't use candles, matches, or other open flames during or after a quake.
- Evacuation: When safe to do so, follow above procedures for building evacuation and assemble all youth, staff, and visitors on the nearest basketball court.
- Inspection: If necessary, SDCC's SC or designee, will inspect buildings for damage/safety and authorize return.

#### Interim Fire Watch Procedures:

In the event of a planned or unplanned electrical outage that is expected to create a loss of power to life/fire safety equipment (i.e. fire alarms, smoke detectors, exit signs, automatic fire doors, fire sprinklers, emergency lighting) for more than four (4) hours, and that is not adequately compensated for by the emergency generator/electrical back-up systems, the SDCC's SC will initiate interim fire watch procedures and alert, and document notification of, the fire department.

- SDCC Safety Coordinator's Responsibilities: Post signage identifying the location of alternative exits for everyone affected; and Ensure that self-illuminating exit signs are posted.
- STRTP Manager and/or Supervisor Responsibilities: Immediately inform staff of the initiation of the interim fire watch procedures; Document assignment of staff to monitor all effected buildings; Ensure the completion of Interim Fire Watch Log Sheets; and Submit all documentation to the Safety Committee for review, once the fire watch is discontinued.
- STRTP Staff Responsibilities: Follow monitoring and documentation procedures outlined on the Interim Fire Watch Log Sheet.

#### Campus Violence/Lock Down Procedures:

The following procedures are intended to serve as a guide for staff. During dangerous situations, it is essential that common sense and the ability to assess and think critically be exercised. Staff are NOT to attempt to take a weapon from, or to attempt to overpower, anyone with a weapon. This is to be left to law enforcement personnel.

- Notifications: Staff are to notify a supervisor immediately if: an individual has a weapon or is suspected of having a weapon, or if gunfire or a civil disturbance/demonstration/riot occurs.
- Supervisor Responsibilities: calling 9-1-1 (if necessary), coordinating all campus staff in implementing the lock down procedures, and notifying senior staff. Only senior staff have the authority to discontinue a campus lockdown.
- Staff and Youth Procedures:
  - If Outdoors:
    1. Remain calm and quiet.
    2. Take cover or lie flat on the ground.
    3. Keep hands empty and in view when approached by law enforcement.
    4. When safe to do so, direct children and others to the nearest cottage or building.
  - If Indoors:
    1. Alert all campus buildings by using the phone intercom system by dialing extension 5000 and using Walkie-Talkies to announce an implementation of campus-wide lockdown.
    2. Like fire/disaster responses, designated sweepers will move through each unit/building to ensure everyone is alerted and directed to follow lockdown procedures.
    3. Direct youth to a central location away from windows, and in a lockable room.
    4. Direct youth to lie flat on the floor.
    5. If safe to do so, close curtains/ blinds and cover any eye level windows.
    6. When safe to do so, ensure that all campus gates are closed and locked.
    7. If safe to do so, lock all windows and doors.
    8. Remain calm and quiet while waiting response from emergency personnel.
    9. Keep hands empty and in view when approached by law enforcement.
    10. Wait for further instructions.
    11. Do NOT evacuate until told to do so by emergency personnel.
    12. Inform police of SDCC video camera recordings of the facility.

#### Bomb Threat Procedures:

The potential for bomb threats exists at all facilities. While most terrorist/bomb threats and suspicious objects turn out to be harmless, all threats and suspicious objects will be handled with the utmost seriousness.

- Bomb Threat via Telephone
  1. Attempt to keep the caller on the line; inform the closest person that a terrorist/bomb threat is being received and inform them of the telephone number the caller is calling from, and then instruct that person to call 9-1-1.
  2. Listen for background noises (airplanes, traffic, etc.). Write down as much as you can. Attempt to get the caller to tell you as much as possible about the threat. If available, utilize the Bomb/Terrorist Threat Report Form.
  3. Notify your supervisor of the threat immediately, who in turn is responsible for alerting a manager or senior staff.
- Suspicious Object:
  1. If a suspicious object is found DO NOT TOUCH IT.
  2. Follow Fire Emergency procedures in alerting the Fire Dept. (911) and clearing the affected building.
  3. If so directed by senior staff, follow procedures for Evacuation from the facility.
  4. Be prepared to provide Fire/Police Department search teams with information upon arrival.

#### Terrorist Threat Procedures:

If the threat is from a suspected terrorist on grounds, the campus violence/lockdown procedures should be followed.

#### Maintenance Emergency Procedures:

Maintenance emergencies can occur at any time and as the result of many causes. Maintenance emergencies include, but are not limited to: power outages; water leaks; water outages; broken windows; etc. In the event of a maintenance emergency, program staff must immediately notify SDCC's SC. If staff are unable to reach the SC via the SDCC phone system, they may utilize the SC's cell number, which is provided to all Managers/Directors, Supervisors, SDCC Administration, and the SDCC Maintenance Department.

#### F. Disaster Response

Emergency Operations Center (EOC): In the event of a disaster, an EOC will be implemented and overseen by the most Senior Staff on campus and will be composed of all available senior staff. The EOC acquires and manages resources and information, oversees the entire emergency operation, and will decide whether to remain on campus or to evacuate based on a survey of building structural integrity, utility availability and integrity of life safety systems. If needed, staff will be divided into Disaster Response teams, listed below. Staff from departments not listed will report to the EOC for assignment. The EOC's responsibilities include:

- Information: set up a communication center; maintain communication links with staff (e.g. walkie-talkies or cell phones); gather information concerning extent of area damage, road closures, hospital situations, types of governmental and civic help available, etc.; make information available to staff, placing agencies, and parents as appropriate.
- Resources: distribute supplies as needed, e.g. water, battery-operated radios, tools, flashlights, blankets, first aid supplies, etc.; ensure vehicles have fuel; send personnel to search for more resources as needed (e.g. to Sharp Hospital for supplies or assistance; to a Red Cross Shelter for information; to the National Guard for assistance).
- Staffing: staff will be instructed to remain at SDCC or at their Program until enough information is gathered concerning road conditions, etc. and the disaster at hand is manageable.
- Oversight: make decisions on issues that arise based on the information available. Examples: evacuation of entire facility, parents wanting to take their children home, which buildings should be reoccupied, etc.

#### Disaster Response Teams:

- Triage Team: Composed of all medical staff (e.g. nurses, medication technicians, psychiatrists), this team evaluates injuries and other medical needs; assigns priorities to the rendering of care to victims; and administers needed care.
- Search & Rescue Team: Composed of maintenance personnel and others with experience in construction, trades, or architecture; in the absence of, or in conjunction with, emergency response personnel, this team attempts to locate missing persons and to ensure building/grounds safety.
  - Eliminate immediate hazards such as fire or gas leaks.
  - Search buildings to locate anyone trapped or disabled and provide first aid as needed.
  - Inspect utilities, buildings, and grounds to determine their integrity.
  - Inspect buildings as needed to determine which are safe to occupy and report this information to the EOC.
- Youth Care Team: Composed of Counselors and IAs, Shift and Faculty Supervisors, Program Managers/Directors, Occupational and Recreational Therapists, Teachers, and Therapists; this team provides for the immediate and continual wellbeing of youth, along with basic physical necessities and sanitation. Responsibilities include:
  - Once evacuations are complete, take a head count and inform the EOC of anyone missing or trapped.
  - DO NOT allow youth or staff to re-enter any buildings without prior approval from the EOC.
  - Provide immediate first aid as required until the injured can be seen by the Triage team.
  - Ensure all youth are supervised, kept calm, and engaged with games, crafts, or other activities.

- Dietary Team: Composed of Dietary staff; this team provides food and water for youth, staff and visitors. If cleared by the EOC, the Team checks kitchen damage, food, and housekeeping supplies; report repairs that are needed to function; and clean up potentially harmful materials, (glass, grease, etc.). Once these activities are completed, Dietary begins planning and preparing meals. If the kitchen is unsafe, emergency food and water supplies stored outside of the kitchen area will be used.

#### Campus Evacuation:

- Decision: The EOC, in consultation with the Chief Executive Officer or designee, will decide whether to evacuate off-campus. This decision will be immediately communicated to the Fire Department, to the Red Cross 24 Hour hotline, and to the off-campus evacuation site.
- Assistance: The EOC will assess the need for additional staff to assist with the evacuation and initiate the SDCC staff recall phone tree if needed. Within reasonable parameters, and after ensuring their own family member's safety, all staff members are required, as directed, to come to SDCC or to the designated evacuation site and help in disaster response efforts.
- Coordination: The EOC will coordinate movement of all staff and visitors into agency vans and personal vehicles and ensure that all drivers are given the address and directions to the off-campus evacuation site(s).
- Nursing: The Triage Team, led by the Nurse Manager, will be responsible for packing resident medications, MARs, resident insurance and emergency contact information, and other essential nursing supplies.
- Residential Staff: The Residential staff will assist youth in packing limited personal items to take to the evacuation site: e.g. toiletry items; extra underwear and socks; change of clothing; jacket or sweater; other desired items such as photos, CDs, etc.; and a stuffed animal, blanket or another transitional object.
- Residential Therapists: Therapists will inform parents, county workers, and/or placing agency case managers of the evacuation as soon as is practical, in coordination with the EOC.
- Evacuation by Foot: If evacuation by vehicle is impractical, or the approved off-campus evacuation site is not accessible, the EOC will make the decision, in consultation with the CEO/designee, to evacuate by foot. This decision will be communicated to the Fire Department and to the Red Cross. Alternative evacuation sites within walking distance are:
  - Kearny Mesa Recreation Center on the corner of Armstrong and Mesa College Drive.
  - Kearny High School on the corner of Mesa College Drive and Linda Vista Road.
  - John Muir Alternative School on Armstrong Street just past Mesa College Drive on the left side.
  - Chesterton Elementary School, south on Linda Vista Road just past Genesee on the left side.
- Evacuation Site Arrival: Staff will serve on the same teams as outlined under the disaster procedures. The search and rescue team will be re-assigned by the EOC as needed, including responsibility for site security.
  - The Youth Care Team will implement a daily activities schedule to be followed at the evacuation site.
  - Therapists will be responsible for screening all youth to determine level of emotional and behavioral stability and providing needed therapeutic interventions.
  - The EOC will begin planning for ongoing management of the youth at the evacuation site, such as replenishing supplies, accessing SDCC medical records, scheduling staff, establishing communications to parents, county workers, etc., and coordinating needs with evacuation site staff.
  - For Academy students evacuated, the EOC will implement measures to attempt to re-unite families if safe to do so and with permission from emergency departments.
  - The decision whether to remain at the evacuation site, or to return to the campus, will be made by the EOC, in consultation with the Chief Executive Officer or designee and the Fire Department.

#### San Diego County System of Care Emergency Response:

For SDCC Programs contracted with San Diego County BHS-CYF, in the event a local, state, or federal emergency is proclaimed within San Diego County, SDCC will cooperate with BHS-CYF in the implementation of a community response plan, if the emergency does not threaten the physical integrity and safety of SDCC programs and sufficient SDCC staff are available to maintain safety and security of SDCC youth and staff.

- SDCC's CEO, or designee, will determine SDCC's capability to assist with implementation of the County BHS-CYF response plan and will communicate SDCC's capability to assist to the designated County BHS-CYF contact.
- SDCC's response may include staff deployment to provide services in designated community areas.
- San Diego County BHS-CYF contracted programs will provide BHS-CYF with a roster of key SDCC personnel and their after-hours phone numbers to be used in the event of a regional emergency or local disaster.
- San Diego County BHS-CYF contracted programs shall identify 25% of direct service staff to prepare for and deploy to a critical incident. These staff shall participate in county-provided disaster training (or other approved training). These programs will maintain 25% staff deployment capability.
- If a San Diego County BHS-CYF contracted program site is closed due to disaster or emergency, the Program Manager shall call the San Diego County Access and Crisis Line, and their COR (Contract Officer's Representative) to inform them of this.

- **The protocol for notifying children or nonminor dependent's authorized representative(s) of their whereabouts and condition, including in AWOL situations.**

The youth's parents/caregivers/authorized representative/placing agency and all applicable regulatory/licensing agencies are notified as soon as possible following a disaster, but typically no more than 24 hours following the disaster. The same (within 24 hours) is applicable to runaway incidents and notification of the youth's parents/caregivers/authorized representative.

- **The communication protocol among facility staff and local fire, law enforcement, child or nonminor dependent's attorney, and other disaster authorities.**

The most senior staff on campus is in charge during emergencies. He/she will provide direction to SDCC campus staff, ensure all youth and staff are accounted for, provide information to the local fire department, law enforcement and/or other emergency personnel, and inform and update senior administrative staff. In the event the campus land line telephone system is inoperable, communications will be through walkie-talkie radios, and/or the use of cell phones if cell service is operable.

Attorneys for youth and/or NMDs are notified within 72 hours following a disaster.

- **The training for facility staff, their duties, and responsibilities under the disaster plan.**

SDCC's Safety Coordinator and the applicable Program/Department Manager ensure staff trainings regarding SDCC emergency preparation and response procedures are provided at hire and at least annually for all SDCC staff.

### **3. TRANSPORTATION ARRANGEMENTS [Reference: ILS § 87074]**

It's important to note that SDCC makes several ongoing efforts to promote a safe driving culture. Therefore, SDCC requires all staff who are, or who may be, required to drive on behalf of SDCC (i.e. transporting youth), to take a one-hour defensive driving course prior to driving youth. SDCC's Safety Coordinator also sends out monthly "Safety First" driving tips and training topics to all SDCC staff via email.

**Describe the transportation plan to include:**

#### **3.1 How the facility will arrange for transporting children to and from school, activities provided outside the facility (including attendance at religious services and lesbian, gay, bisexual, transgender, and queer/questioning affirming activities), and medical/dental appointments.**

SDCC maintains a fleet of STRTP vehicles specifically for youth transportation under the direction of the Safety Operations manager or designee. Vehicle keys are kept locked and staff must follow a check out procedure prior to the use of any SDCC STRTP vehicle.

SDCC-STRTP staff ensure the following as necessary:

- Transportation is provided to off grounds schools and other activities (e.g. medical/dental appointments, outings, and community activities, support groups, etc.) is provided to all youth.
- Transportation is provided for medical and dental appointments and/or evaluations is provided to maintain each youth's optimal state of health
- Transportation is provided to protect and enforce each youth's right to attend religious services.

Additionally, SDCC meets all in-County transportation needs of its STRTP placed youth, which includes transportation to therapeutic services, community events, family/TRE visits, ILS activities, support groups, etc. For youth with out of County transportation needs, SDCC makes every effort to coordinate travel arrangements and access resource assistance in meeting these needs.

The SDCC STRTP provides education and support to youth, ages sixteen (16) and older, regarding use of the San Diego County's public transportation system. Authorization for use of the public transportation system is given by the youth's parent/caregiver/authorized representative and documented in the youth's Needs and Services Plan.

#### **3.2 How the facility will transport children/NMDs back to care who have run away or left care and contacted the facility to return.**

The SDCC STRTP will assess for the most appropriate (safe and quick) return plan which might include our staff, police, family or other supports trusted by the youth.

#### **3.3 How the facility will ensure that vehicles used to transport children are maintained in safe operating condition.**

SDCC STRTP vehicles to transport youth are maintained in safe operating condition. Every driver completes a quick visual inspection prior to use and reports any problems to SDCC's Maintenance Department prior to the vehicle's use.

The Maintenance Department conducts or arranges regular vehicle inspections of the following:

- |                |                       |  |  |
|----------------|-----------------------|--|--|
| • lights       | • vehicle cleanliness | • first aid kits                         | • radiator                               |
| • turn signals | • windows             | • emergency reflectors                   | • Fluids: transmission, brake, and power |
| • brakes       | • mirrors             | • fire extinguishers within the vehicles | steering                                 |
| • tires        | • windshield wipers   | • oil level                              | • battery                                |
| • steering     | • seat belts          |  | • hoses                                  |
| • horn         | • instrument gauges   |  | • belts                                  |

The results of the vehicle inspections are documented in the Vehicle Inspection Log and Report, and any equipment needing immediate repair or attention is addressed, if possible, by the Maintenance Department prior to the vehicle's next use. SDCC STRTP vehicles are taken to automotive service companies as necessary (e.g. replacement or alternating of tires).

Additionally, employees returning SDCC STRTP vehicles, must complete a Field Trip Log after each use, which captures information about their trip (location travelled to, number of miles driven, etc.), any problems experienced with driving, and/or any other urgent need that requires a maintenance work order. If maintenance or repairs are needed, a maintenance work order must be submitted to SDCC's Maintenance Department by the employee who completed the Field Trip Log, and the submitted work order must be attached to the Field Trip Log.

### **3.4 How the facility will ensure that vehicle registration and insurance will be maintained.**

The SDCC Director of Finance, or designee, is responsible for coordinating all efforts regarding SDCC vehicle registration and insurance, and ensures the SDCC-STRTP, meets all applicable leasing, registration, and insurance requirements.

### **3.5 How the facility will ensure that only appropriately licensed program staff and volunteers will transport children.**

### **3.6 How the facility will ensure that the facility shall not allow a child to be transported by a person who does not have a valid driver's license.**

SDCC allows only program staff to transport youth. All program staff must have a current driver's license. SDCC checks each employee's driving history upon hire and requires a current license be kept in applicable personnel files, which are maintained by SDCC's Human Resources Department.

California DMV Employer Pull Notice Program: SDCC is enrolled in the California DMV Employer Pull Notice (EPN) Program, which is a program that promotes driver safety through ongoing review of driver records. As an enrollee in the EPN Program, SDCC requires staff who are, or who may be, required to transport youth, to complete a DMV EPN Program Authorization for Release of Driver Record Information Form upon hire. Subsequently, SDCC's EPN Program code is added to the employee's driver license record. The EPN Program automatically generates a driver record when any of the following actions/activities occur:

- Upon enrollment of driver in the EPN Program.
- Annually from the date of enrollment.
- When a driver has any of the following actions/activities added to his/her driver record:
  - Convictions
  - Failures to Appear
  - Accidents
  - Driver License Suspensions or Revocations
  - Any other actions taken against the driving privilege

The EPN Program enables SDCC to monitor driver license records of employees who transport youth, and accomplishes the following:

- Improves public safety.
- Determines if each driver has a valid driver license.
- Reveals problem drivers and/or driving behavior.
- Helps minimize SDCC's liability.

SDCC STRTP volunteers are not allowed to transport youth.

### **3.7 How the facility will ensure that staff shall not smoke or permit any individual to smoke tobacco or any other product in a motor vehicle that is regularly used for providing transportation to a child or nonminor dependent.**

Smoking is prohibited on SDCC's campus and within any vehicle that is used to transport youth. SDCC staff are also prohibited from smoking at any time while working.

### **3.8 Any other arrangements specified in the needs and services plan or Transitional Independent Living Plan for a child or nonminor dependent shall be included in the written placement agreement between the facility and the placement agency.**

Any other arrangements for youth regarding transportation are included in the youth's Needs and Services Plan. Rules regarding transportation for non-minor dependents are based on their Transitional Independent Living Plan and outlined in their Shared Living Agreement.

### **3.9 Procedures for allowing a NMD to transport others and arrange to have their own vehicle**

- NMDs are not permitted to transport other youth admitted to the SDCC STRTP.
- NMDs may have, and use, their own vehicle as needed. The NMD is responsible for maintenance and insurance of their vehicle.

#### **4. CORE SERVICES AND SUPPORTS [Reference: ILS § 87078.1]**

***A STRTP shall provide a plan to include core services and supports to children, nonminor dependents, and their families, as appropriate or as necessary, that are trauma informed, culturally relevant, age and developmentally appropriate.***

##### **4.1 Describe the direct resources and programs to be used to provide for the specific core services and supports listed above.**

###### **Medi-Cal specialty mental health services.**

SDCC contracts with San Diego County BHS-CYF for the continuous provision of Title IX Specialty Mental Health Services, which includes:

- **Assessment and Evaluation**

Thorough and timely assessments will be completed for all youth placed in SDCC's STRTP by their assigned therapist. SDCC STRTP Therapists begin the Child and Adolescent Measurement System (CAMS) and youth history gathering at the initial meeting with youth and family/caregiver/representative to facilitate quick implementation of services. All assessments, including the Behavioral Health Assessment (BHA), Children's Functional Assessment Rating Scale (CFARS), CRAFFT and SDCC's Supplemental Screening (which screens for needs in additional areas such as pain, nutrition, and community resources), Youth Transition Self-Evaluation for youth 16 years old and over are completed within 30 days of admission. Additional trauma, high-risk, and substance abuse assessments are tailored to each youth when these needs are present. The cultural, linguistic, and developmental needs of the youth and family are always considered in the assignment of therapists and in how services are provided. For example, interpreter services will be added to the treatment plan to meet family language needs.

During assessment, discharge/transition planning also begins with consideration for the youth's target return environment and permanency goals. Consideration is given to previous community-based providers or supports that may continue to be a support upon transfer from residential care, or services that may need to be initiated concurrent with treatment or prior to transition such as wraparound or TBS. Assessment will consider immediate and long term educational needs and goals that may be directly related to therapeutic progress.

- **Plan Development**

An individualized, strengths-based, and culturally competent Client Plan (treatment plan) is initiated at admission and further developed by the assigned SDCC STRTP Therapist within 30 days of admission, based on assessment results with the participation of assigned SDCC STRTP staff and treatment team/CFT members, which include the youth, family, authorized representatives, and other formal and informal supports. The Client Plan guides treatment and addresses permanency, stability, and health and wellness issues. Plan development leads to selection of appropriate interventions for each youth and family. All therapists are trained in, and utilize a range of EBP or practice elements such as: CBT for depression, Coping Cat for anxiety, Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) reduction of trauma symptoms, and Motivational Interviewing (MI) for youth and family ambivalence, goal development and/or AOD related challenges.

- **Collateral**

Collateral services are provided by SDCC STRTP Therapists and Care and Intake Coordinators, but can be provided by all direct care staff, and includes consultation and training with formal and informal supports in a group or individual setting to assist them in better understanding the youth's mental illness so they can better support the youth in meeting his/her treatment plan goals.

- **Individual/Group/Family Therapy**

The following SDCC STRTP therapeutic services are individualized, trauma-informed, culturally competent, and strengths-focused based on the needs and strengths of the youth and family. Therapy sessions are conducted in the primary language of the youth and family, and if necessary, the assigned SDCC STRTP Therapist will arrange interpreter services from an external provider (e.g. Interpreter's Unlimited).

- Individual therapy sessions are conducted by a licensed, registered or waiver therapist, or clinical trainee, under supervision, to assist youth in coping with emotional topics, feelings, and conflicts. Individual therapy is designed to improve each youth's ability to function productively and meet developmental progress such that they can return to a more naturalized, and less restrictive home, school, and community environment. Individual therapy includes treatment interventions that are matched with the youth's cognitive level and behavioral and emotional needs and may include interventions that address any co-occurring disorders. Individual therapy is provided as needed. Treatment emphasizes evidence-based therapies, but may include a wide range of intervention tools.
- Family/Targeted Return Environment (TRE) therapy is provided as needed by a licensed, registered or waiver therapist, or clinical trainee, under supervision, to assist the family/TRE in addressing acute exacerbation of symptoms, relapse prevention, managing risks, resolving conflicts, and improving communications. The goal is to provide the family/TRE with education, emotional support, and resources aimed toward empowerment of the family/TRE. Every youth has a right to an available parent/caregiver and a permanent plan of placement or reunification. If a parent/caregiver is not available for reunification, family therapy is utilized to support the most appropriate alternative TRE or permanent supports for the youth.



- Psychotherapy groups are provided by a licensed registered or waiver therapist, or clinical trainee, under supervision. Psychotherapy groups are based on the clinical needs of each youth and conducted in a manner that appropriately addresses different developmental levels and issues common to youth in a residential treatment setting. Interventions focus on topics such as anger management, coping and age-related pressures, healthy relationships, emotional regulation, self-esteem, social skills, substance use prevention, trauma, psycho-education, wellness, and stress management.

- Rehabilitation

Rehabilitation services are provided individually or in a group setting by clinical and direct care staff daily. Services concentrate on empowering youth and families through live coaching and/or teaching skills. Examples of rehab services include independent living skills training and learning, practicing coping and self-regulation skills, daily living skills, conflict resolution and problem solving, social and leisure skills, grooming and personal hygiene skills, and healthy nutrition/meal preparation skills.

- Pathways to Wellbeing (PTW) Services

For youth placed in the SDCC STRTP and who qualify for PTW services, the initial CFT meeting is held within the first 30 days of placement and at least quarterly to review the youth's progress and make collaborative decisions about what the youth and family will need during the next three months to move closer to successful discharge. CFT members include the youth and family, Placing Agency Representative, counselors, youth's therapist, psychiatrist, and adjunct professionals.

For SDCC STRTP youth who are placed in the STAR Program, CFT meetings will occur more often (at least every 30 days) to review and discuss the following: progress toward stabilization goals; assessment results; possible return environments; recommendation for services and level of care; and transition planning including necessary resources, e.g. legal, education, recreation, etc.

- Intensive Care Coordination (ICC): ICC services are available for youth and families with more intensive needs and will primarily be provided SDCC STRTP Therapists and Intake and Care Coordinators. For youth who qualify for PTW services and who have the highest need (i.e. risk of hospitalization or recent hospital discharge) more intensive ICC services may be provided. ICC services focus on ensuring the Client Plan and CFT action plans are implemented. ICC services can include engagement of CFT members, identifying and linking youth and families with formal and informal community services and supports, assisting in the development of collaborative relationships among service providers and community supports, coordinating services among providers, emergency crisis response, assistance with building a CFT that includes both formal and informal supports, and increasing parenting abilities.
- Intensive Home-Based Services (IHBS): IHBS will be provided in the home and community and will focus on building skills needed to meet Client Plan goals and achieve permanency and stability. These intensive services could include locating and fostering natural supports, teaching youth skills needed to improve functioning (such as independent living skills, social skills and self-regulation skills), enhancing parental behavior management and self-care skills, and strengthening family communication. IHBS will mostly be provided by SDCC STRTP Therapists, Life Skills Program staff, and Clinical Trainees under supervision but can be provided by all direct care staff.

- Crisis Intervention

Crisis intervention is available for all youth 24 hours per day and 7 days per week. SDCC STRTP staff utilize various tools, including the BHA, High Risk Assessment, and Calming and Crisis Prevention Plan (detailed in Program Statement, Section 1.6) to predict and plan for potential crises. However, despite careful prevention planning, crisis situations still occur, and crisis intervention services will be provided when it is necessary to assist the youth in coping with a crisis and to avoid psychiatric hospitalization or law enforcement intervention. Close coordination is maintained with the parent/caregiver/authorized representative during any crisis.

- Case Management

Case management is mainly provided the SDCC STRTP Therapists, Intake and Care Coordinators, and Life Skills Program staff, but can be provided by all direct service staff. Case management services focus on what staff can "do for" the youth and family to assist in building resilience and achieving stability and permanency. Services include identifying community resources, collaboration and integration with other service providers, and/or linkage and coordination with formal and informal supports.

- Medication Support/Psychiatric Services

Psychiatric services for youth, including psychiatric evaluations, medication prescription and monitoring, and JV-220 Forms, is provided by a team of qualified staff members. Medication support services are provided by Contracted Psychiatrists and Psychiatric Nurse Practitioner (PNP) and include clinical consultation to the treatment team/CFT, psychiatric psychopharmacological or medication evaluation and management of eligible youth and ordering referrals to specialists for diagnostic and/or special treatment procedures. Psychiatric services also include 24 hour on-call services.

The Contracted Psychiatrist completes initial psychiatric evaluations and provides ongoing medication support services for youth with complex medication and/or medical needs. The PNP completes initial psychiatric evaluations and provides medication support

services for youth as assigned, in coordination with the Contracted Psychiatrist and under consultation from the SDCC Medical Director (a Board-Certified Psychiatrist).

SDCC STRTP Nursing staff supports the Contracted Psychiatrist and PNP by providing administrative and case management assistance which may include following up with youth between appointments when medications have been started/changed, assisting in the completion of JV-220s and Treatment Authorization Requests (TARs), referrals to specialists, and psychoeducation to youth and families consistent with treatment plan goals related to health (ex. nutrition, managing special health care needs, medication compliance).

**Mental health services for non-Medi-Cal placed youth.**

Youth placed in SDCC STRTP through other payer sources such as Education, private insurance, or self-pay, will receive similar intensive mental health services as defined above. These services will include assessment, plan development, collateral, individual/family/group therapy, rehabilitation, crisis intervention, case management, and medication support and psychiatric services. Additional services may be negotiated with the payer.

**Transition support services for children, nonminor dependent, and families upon initial entry, during placement changes, and for families who assume permanency through reunification, adoption, or guardianship.**

**Transition Support Services:** Youth and families are actively engaged in initial entry and all placement change decisions beginning with pre-admission screening of admission referral, pre-admission interviews, and admission process which helps to inform the youth and family of services and expectations. Transition support services are continuously provided through child and family teaming and team meetings which include the child/family, SDCC providers, CWS, and any other supports for the child and family as requested. Teaming is an ongoing process, while team meetings occur at a minimum of every 90 days. Age appropriate discussions with the youth consider their perspective, wishes, and needs, and prepare the youth/family in advance for placement changes. These activities may include visits, passes, brief and extended time at home, community engagement, and collaboration with support services such as wraparound or foster family agencies and services.

Additionally, through the SDCC-STRTP San Diego County BHS-CYF contract, SDCC STRTP staff can provide Medi-Cal specialty mental health services in the home, up to 90 days after discharge to support youth and family transition, and to ensure linkages to community providers and resources that will continue to support permanency.

**Educational, physical, behavioral, and mental health supports, including extracurricular activities and social supports.**

**Educational coordination** begins prior to the admissions process to ensure appropriate and timely access to educational services, supports to remain in the school of origin, or immediate transition to an alternative educational resource. Collaboration with Education is continuous and may include regular check-ins, transportation planning, review of progress, engagement in extracurricular activities, and participation in IEPs or other support services to support academic progress, social and emotional development, freedom from harmful or discriminatory experience.

**Physical health** is evaluated upon admission and continuously to ensure well care, healthy development, and to address any health concerns (illness or injury). Nutrition and physical activities are integrated into the daily care to support healthy development. SDCC-STRTP has a 24/7 staffed Nursing department, employs a Psychiatric Nurse Practitioner, and contracts with a pediatrician and three child and adolescent psychiatrists who are on site weekly and always available by phone.

**Behavioral and mental health supports** are summarized above within Medi-Cal specialty mental health services. Similar services are provided through contract arrangements with other third-party payers, including commercial private insurance and school districts, for non-Medi-Cal service populations. In addition to services provided in the STRTP, aftercare services may be provided for up to 90 days after discharge to support the youth transition to the home and community, or to bridge any gaps in transfer of services to community providers.

**Life skills and social skills activities** are integrated into the daily schedule and are developmentally appropriate to each individual youth and provided in both structured and unstructured activities which are provided seven days a week. Opportunities for engagement in age-appropriate community activities (sports, recreation, religious organizations, clubs, scouts, arts, etc.) are individualized for each youth's interests and strengths and coordinated with transition planning to encourage continuous participation with any placement change.

For **extracurricular activities** and social supports within the community, the SDCC STRTP has an established and well-connected recreation and community engagement services staff, who work under the direction of the Recreation Services Manager to provide every SDCC STRTP youth and family with the following based on the youth's and family's needs:

- Enrollment and participation in i9 sports leagues (basketball, flag football, etc.), including regularly scheduled practices and coaching, and all required uniforms and equipment
- Memberships in their home communities to recreation centers, exercise and art/music programs (YMCA, etc.)
- Individualized extracurricular onsite classes by community professionals (art, music, etc.) and all necessary supplies

- Hands-on planning support with and for parents/caretakers to effectively connect them to community services and programs in their home communities
- A written list of resources detailing community resources available in their home community to the youth and family in preparation for the youth's transition home
- Follow up with parents/caretakers following the youth's transition home (usually in conjunction with Wraparound service providers) to ensure necessary resources and supports are being accessed

**Activities designed to support children and nonminor dependents in achieving a successful adulthood.**

With Mental Health Service Act funds, the SDCC STRTP provides a Life Skills program for Transitional Age Youth (including Nonminor Dependents). The goal of this program is to assist TAY in making a successful transition into adulthood, so they achieve individualized goals in the transition domains of employment, education, living situation, personal adjustment, and community life functioning. This is especially important for TAY as they prepare to leave a highly structured level of care and for greater self-sufficiency. The Life Skills Program is individualized and designed to move a TAY toward his/her TRE, and utilize the expertise, skills and contribution of multiple disciplines of professional and paraprofessional personnel and the community at large.

The Life Skills Program includes a full-time Life Skills Program Manager and a Life Skills Program Coordinator who perform a wide range of functions, the most critical of which is:

- Conduct strength-based assessments and facilitate person-centered planning, including crisis prevention
- Assist TAY in setting and achieving their goals across the transition domains
- Coach and teach as TAY progress through service stages
- Work collaboratively with all staff and others to ensure appropriate services are provided
- Promote involvement of parents/caregivers and additional key players, and assist TAY in the development of a healthy supportive social support network
- Make appropriate referrals for clinical, medical, or other services
- Help identify, and if possible, work with TAY in community settings that are comfortable and non-stigmatizing and at times that are convenient for them.

The SDCC STRTP Life Skills Program uses the *Curriculum and Lessons for Attaining Self Sufficiency* (CLASS) from the Daniel Memorial Institute. CLASS is a comprehensive curriculum software program for teaching independent living skills to youth in groups that focus on fourteen (14) life skills categories: Interpersonal Skills; Educational Planning; Money Management; Food Management; Personal Appearance; Health; Job Seeking; Job Maintenance; Legal Skills; Emergency and Safety Skills; Community Resources; Housekeeping; Housing; and Transportation.

The SDCC STRTP Life Skills Program is housed in SDCC's Clark Building and has computers with internet access to assist TAY in their life skills groups. The Life Skills Program Manager develops curriculum, builds community resources, and facilitates groups, and is supported by a Life Skills Program Coordinator who aligns with, and helps support, TAY as they navigate through the system of care and transition from the SDCC STRTP. The Life Skills Program Coordinator also acts as the TAY's advocate, mentor, and behavior coach, with the goal of helping them meet their treatment and life goals, which may include assistance in obtaining employment or continuing their education.

Additionally, in 2015, SDCC established a self-funded program to serve TAY within SDCC programs. SDCC's Successful Transition Program provides increased support of the TAY's transition to adulthood and independence by developing comprehensive transitional assessments and action plans that are accompanied by coaching support and community resource connections for employment, housing, work readiness programs, continuing education and vocational assistance groups, and other identified areas of need.

**Services to achieve permanency, including supporting efforts to reunify, achieve adoption or guardianship, and efforts to maintain or establish relationships with parents, siblings, extended family members, tribes, or others important to the child or youth, as appropriate.**

A range of support, including mental health services, is provided to increase youths' functioning and relationships so they can return to a family or home setting, including permanency with family of origin, guardianship, or adoption. Clinical staff receive training specific to the needs of youth and families who have experienced separation, and in reunification/adoption competencies.

Active involvement of the youth and family in the treatment process includes Child and Family Teaming, treatment plan development, treatment team reviews, and transition/aftercare planning. Clinical services focus on building or enhancing family relations, including siblings, through traditional family therapy, collateral, intensive in-home behavioral services, family/sibling/social visitation, community and home passes, and/or SDCC sponsored family support activities (e.g., holiday events, family dinners or game nights).

SDCC provides staffing and transportation to support these activities, including scheduling and arrangements to provide opportunities for youth to travel to essential family visits, local or distal. Coordination with CWS, Family Finding services, CASAs,

Wraparound, Foster Family Agencies, tribes, and other community supports occurs throughout a youth's stay to ensure that permanent connections are a priority focus of treatment and post transfer.

**4.2 Attach agreement(s) with detailed reasoning for the contracting of specific core services and support, the relationship between the program and contracting agency, and information on how the program will ensure core services and supports are being met.**

Agreement(s) for the contracting of specific core services

SDCC is contracted with San Diego County BHS-CYF and CWS for the provision of core services and supports. Please refer to [ATTACHMENT 2](#) of this application for SDCC's current service agreement with San Diego County BHS-CYF, which began July 1, 2017, for the provision of STRTP unbundled specialty mental health services.

Relationship between SDCC and San Diego County BHS-CYF

SDCC has contracted with San Diego County BHS-CYF since 1999 for the provision of Medi-Cal specialty mental health services within our licensed group homes. Specifically, SDCC has provided residential mental health services via the following contracts with San Diego County CYF-BHS:

- Children's RCL 14 Mental Health Enhancement (Day Treatment) Program, 1999-2017
- Clark RCL 14 Adolescent Mental Health Enhancement (Day Treatment) Program, 2005-2017
- Children's RCL 12 Mental Health Enhancement (Day Treatment) Program, 2007-2017
- STRTP Unbundled Mental Health Services, 2017-Present

How SDCC will ensure core services and supports are being met

SDCC has over seventeen (17) years of experience effectively fulfilling San Diego BHS-CYF and CWS contractual requirements, which has been demonstrated by numerous positive Medi-Cal site reviews, medical record reviews, and contractual site reviews. SDCC has a well-established internal quality assurance and improvement processes to ensure SDCC services meet all applicable regulations, contractual requirements, and accreditation standards. SDCC's quality assurance system is detailed in Section N and includes the following activities and indicators to ensure core services and supports are being met within the SDCC STRTP, which are reported in SDCC's Quality Council:

- Monthly internal medical record reviews by SDCC's QA Department
- Monthly internal medical record peer reviews
- Quarterly psychiatrist peer reviews (medication monitoring)
- Monthly serious incident data collection and trend/pattern analysis
- Youth outcomes data (CAMS and CFARS) collection and analysis
- Annual satisfaction survey (YSS) administered to youth and families

Additionally, SDCC's internal review processes will ensure all active efforts to provide the core services and supports to Indian youth are in accordance with the **Indian Child Welfare Act (ICWA)** and documented in the youth's medical record, including active efforts to:

- involve the youth's family in the treatment process, from treatment plan development, regular family/TRE therapy, treatment team reviews, to transition/aftercare planning
- Ensure active participation of family and tribal representation in CFT process and meetings throughout the residential and aftercare services
- consider tribal connections as goals within NSP and/or TILP
- assist youth and families in accessing community based and tribal based services as needed to support the youth and family in establishing stability and maintaining permanency
- involve tribe members in the youth's treatment activities as appropriate
- use culturally appropriate services and work with the youth's tribe to provide core services and supports, including opportunities for regular participation of youth in social and cultural events hosted by the tribal community
- work with the youth's tribe to identify a placement that fits under the ICWA preference provisions when the youth does not have an identified family/TRE

The above items, in addition to feedback from the youth, family, and tribal representatives, will be used as criteria to determine if active efforts are made and in accordance with the ICWA.

## **5. TRAUMA INFORMED INTERVENTIONS AND TREATMENT PRACTICES**

**Describe how the facility will provide trauma informed intervention, practices, services, and supports, including the following:**

### **5.1 Promote physical and psychological safety for children, nonminor dependents, and families.**

Trauma informed care underlies all environmental, therapeutic, and safety practices of SDCC, including emergency interventions, to support physical and psychological safety. Through the provision of a structured and predictable environment that is welcoming, calming, and well organized, staff create a nurturing and safe living environment for all youth. Personal space and possessions are cared for by and with the youth, respecting their preferences and autonomy to the greatest possible extent. Daily activities are routine, planned, and communicated verbally and printed on daily and weekly displayed calendars. Youth are allowed choice and selection of activities at multiple points in the day and week. Consistent and predictable staff assignment creates opportunity for youth to develop trusting and supportive relationships within the program. Staff create and reinforce appropriate emotional, social, and physical boundaries through modeling, direct instruction, rehearsal, reinforcement per our Toolbox Intervention training. Emergency interventions always use the least restrictive method possible, and emphasize the use of preventative, directive, and evasive interventions. Safety planning before, and debriefing after use of such interventions provides opportunity and support for the youth's voice to be heard. A Youth Council is created in each age group to empower active youth voice and choice in decision making within the program, including environment and activities.

When physical needs are identified through the NSP for initial assessment, or as part of the TILP for transition planning, specific accommodations will be developed to support or ameliorate the physical needs, so that the youth does not feel additional risk, exclusion or vulnerability. For example, a youth with temporary limited mobility due to injury will have frequent nursing assessment, additional support to achieve activities of daily living, additional time to transition between activities, and offerings of alternative activities in place of those that are not accessible (i.e., music lesson in place of sports activity). These accommodations are addressed in the treatment team and CFT teams for monitoring of progress, and identification of additional supports.

### **5.2 Enhance the well-being and resilience of children, nonminor dependents, and families.**

Trauma informed practices are the foundation for all SDCC-ST RTP programming, with the goal for youth to feel safe, protected, welcomed, and respected. Methods and activities that directly improve the well-being and resilience of youth woven throughout programming include addressing safety concerns, building trusting relationships, supporting youth goals, and teaching specific strategies to reduce stress and the symptoms of traumatic exposure. Examples include daily rehabilitation groups that teach and support affect regulation, distress tolerance, stress reduction, and social skills. Evidence informed practices such as PeaceBuilders teach youth how to use problem solving and conflict resolution to reduce aggression, bullying, and other conflict situations, while increasing prosocial behaviors and peer support.

Rehabilitative activities are also provided on campus daily to increase experiences of fun and pleasure such as music, art, dance, games, physical play or sports activities. Off campus activities supported by staff are selected to help youth engage and feel safe in the community. Trauma informed approaches are also provided to support families in their engagement and participation in treatment and transition planning with their youth, including providing families with psychoeducation and therapeutic tools, offering pleasant and secure visiting space on campus, hosting family meal/social activities, and building compassionate relationships between caregivers and staff.

For youth with NSP or TILP, trauma recovery goals and practices will be developed with the youth's engaged participation, in language that is meaningful and understandable to the youth and family. Goals and interventions are individualized based upon the youth's specific trauma recovery needs, and are tied to the youths' mental health treatment plan. Goals related to safety, trust, and trauma recovery will be specifically identified and addressed through the CFT process, including responsibilities of team members in supporting goals, methods of intervention, and monitoring progress or barriers to these goals. Transition plan through the TILP or Successful Transition Plans will address continuity of trauma informed treatment services, safe living environments, and community based supports to prevent future victimization and support personal growth.

### **5.3 Specify in detail how ST RTP staff will be trained to deliver effective trauma informed care. Include the approximate length of training, position/person that will provide the training and their qualifications.**

SDCC has a long history of providing trauma informed training to all employees and services to our youth. In 2011 SDCC participated in the National Trauma Informed Care Learning Group sponsored by the National Council. This participation launched an agency-wide initiative focused on defining, building, and promoting trauma informed lens focused on supporting youth, families, and employees. This initiative has heightened SDCC's expertise in addressing the presence and impact of stress and trauma in the lives of all those with whom we engage and has provided greater resources for building resilience and well-being. SDCC leadership continues to participate in the local Trauma Informed Guide Team to maintain active learning and contribution to community efforts in this area.

Staff are specifically trained regarding the impact of secondary trauma in their own roles, and how this can affect their performance and well-being. Specific training, as listing in our Training Plan (and highlighted below), begins at employee orientation and is provided continuously through didactics, resources, supervision, and coaching, and is matched to the specific roles and responsibilities of the employee. Trainings are provided by both internal and external trainers, including former youth and family members to ensure that consumer voice is an active ingredient. Additionally, trauma informed care is integrated into agency policy, environment of care, hiring practices, and quality improvement. SDCC maintains a Trauma Informed Care workgroup with representation from across the agency to promote, review, and evaluate the agency's TIC initiatives and practices.

Trauma Informed Care (TIC) (4 hours)	Reviews the prevalence of trauma in the lives of STRTP youth, including abuse, traumatic grief, domestic violence, disasters, multiple traumatic events, etc.; explores the profound psychological and social effects of trauma and how these effects can influence behavior; teaches strategies that support a trauma informed service environment and current trauma treatment services.	Both trainings are usually provided by: SDCC Certified/Qualified Trainers, e.g. Registered or Licensed Clinical Staff  SDCC does contract with consultants (experts in the applicable field) to provide trainings.
TIC: Exposure to Traumatic Childhood Experiences (2 hours)	Two, one-hour trainings that discuss the exposure to traumatic childhood experiences and their effect, and includes identification and review of the following: <ul style="list-style-type: none"> <li>• Types of traumatic childhood experiences (e.g. grief and loss and child abuse and neglect);</li> <li>• Difference between type I and type II traumatic experiences and strategies to address each;</li> <li>• Importance of legitimizing and validating a youth's traumatic life experiences, while addressing potential behavioral after effects that pose behavior management problems;</li> <li>• Behavioral, developmental, psychological and physiological issues that can result from exposure to traumatizing childhood experiences;</li> <li>• The role that a sense of empowerment can play in healing from effects of sexual trauma;</li> <li>• Structuring the treatment environment so sexual acting out behavior can be prevented;</li> <li>• Difference between sexual behavior that is age appropriate vs sexual behavior that is not</li> </ul>	

**5.4 Detail the trauma informed interventions that will be used (indicate which are evidence-based, promising practices, innovative practices and culturally specific healing practices).**

SDCC-STRTP implements a wide range of trauma informed interventions to meet the diverse needs of our populations, and continuously evaluates additional tools and resources to meet the needs of the program. Current practices include all staff training on SDCC's Intervention Toolbox and Safe and Positive Practices, both of which emphasize the role trauma plays in both the child behavioral dysregulation, and staff response. Clinical staff receive training in practices of Trauma Focused CBT (including certification), and elements of Seeking Safety, Dialectical Behavior Therapy, and Positive Discipline (with a focus on parenting children who have experienced trauma/separation). These practices are evidenced based and are culturally responsive. Alternative practices that support self-regulation and resilience skills include mindfulness, yoga, music and art therapy, equine and pet therapy, and fully equipped OT sensory regulation spaces. Promising practices of drumming circles using the Health Rhythms protocol and the auditory reprocessing Listening Program are also provided on campus with our recreation department. Additional practices are considered and introduced as appropriate based on our continuous quality improvement initiatives, our participation in local and national training, and developments in the field. Selection of individual trauma informed interventions is based on each youths' behavioral health assessment and treatment plan. For youth with NSP, these interventions are linked to specific areas of identified need, with regular review of progress and barriers.

**5.5 Identify the observable behaviors that will be evaluated pertaining to the effects of trauma informed services.**

Through the monthly Quality Council meetings, real time data regarding all behavioral incidents (physical holds, self-harm, aggression, injury, runaway, etc.) are reviewed and any concerns are directed to the STRTP leadership team. This data is then reviewed with direct care staff where interventions are developed as necessary. Behavioral incident data provides a window into both the direct and indirect response to trauma and traumatic stress. Changes in dysregulated or harmful behavior are often related to increased stressors impacting the youth and signal a need for specific intervention to reduce these stressors. This data also provides important information regarding staffing support needs such as training and enhanced coverage.

Clinical outcomes data is measured at specified intervals of treatment and is reviewed with the youth and family, and in monthly treatment teams, at utilization review periods, and regularly scheduled CFT meetings. This data includes clinical symptom and functioning measures (CAMS, CFARS), and may include trauma specific measures such as the PTSD-Reaction Index or Trauma Symptom Checklist. SDCC will update to the new statewide required outcomes measures as directed by San Diego County for 2018, including the Child and Adolescent Needs and Strengths tool.

## **6. DEVELOPMENT, REVIEW, IMPLEMENTATION AND MODIFICATION OF NEEDS AND SERVICES PLANS**

[Reference: ILS § 87068.2, 87068.22, 87068.3]

**Describe the procedures for the development, review, implementation, and modification of a needs and services plan for children and NMD served by the facility and the facilities procedures for collaborating with the child and family team that include the following:**

### Development

Within 30 days of placement, each youth referred through CWS or Probation receives the benefits of an individualized, comprehensive, strengths-based, culturally competent, trauma-informed, age and developmentally appropriate Needs and Services Plan (NSP) from admission through aftercare.

The youth's assigned Therapist develops the NSP using the CCL template and based on information obtained from the placing agency and/or previous providers, assessments, and screenings and with input from the treatment team/CFT, which includes the youth, the youth's family and/or authorized representative. The NSP includes the youth's behavioral goals, objectives, and interventions, timeframes within which the youth is expected to achieve each goal, identified support persons, and anticipated date of discharge.

The primary problem areas identified in the NSP include living arrangements, daily functioning, family functioning, social relationships, cultural issues, and/or health issues. The NSP identifies the youth's needs to address these primary problems areas and include the following: reason for placement, education, skills training (e.g. activities of daily living, independent living skills, and etc.), personal care and grooming, ability to manage his/her own money, visitation, and any other services to support the youth and family throughout treatment and ensure a successful transition.

### Review

Review of the youth's NSP occurs every 30 days through the multidisciplinary treatment team, and/or at CFT meetings which are held every 90 days for most youth. For youth placed through the SDCC STRTP STAR Program, CFT meetings are held every 30 days and will include NSP review. Action items and those responsible are identified and the youth SDCC STRTP Therapist is responsible for monitoring follow through on items and maintaining communication with treatment team/CFT members.

Parents are expected to attend treatment team/CFT meetings in person or via conference call. The youth's Therapist, or designee, is responsible for scheduling the treatment team/CFT meeting times and coordinating with parents/caregivers and other members. The youth is expected to attend meetings unless otherwise clinically indicated. Their attendance may be limited to a portion of the review. An interim NSP review is held when a major change has occurred in the youth's condition. An NSP review summary is completed by the youth's therapist and includes the following elements:

- The focus and interventions of individual, family, and group therapy
- The youth's progress towards treatment objectives
- Review of the family's participation in treatment
- Review of any specialized assessments such as psychological, speech and language, occupational therapy, etc. and other information for integration into treatment plans and intervention strategies
- Review of pertinent serious incidents and their precipitating factors with consequent development of future intervention strategies
- Review of transition plan; the evaluation of the need for continued stay considers the youth's readiness for transition to a less restrictive environment
- Academic functioning/progress and social functioning related to the youth's educational performance and IEP goals
- Current medications and dosage and any changes; target symptoms justifying the use of medication; response to medication in terms of target symptoms; side effects; and compliance with the medication plan as related to presenting problems and treatment goals
- Current DSM Diagnoses

### Implementation

When indicated and prior to implementation, the youth, the youth's Therapist, and the youth's parent/caregiver/authorized representative/pacing agency representative approve and sign the NSP. The NSP is implemented immediately following approval from the youth and their parent/caregiver/authorized representative and consistently by all SDCC STRTP staff.

The youth and their parent/caregiver are offered copies of the NSP and, if applicable, a copy is provided to the youth's authorized representative.

### Modification

The NSP will be reviewed every 30 days, in addition to an analysis of any serious incidents involving the youth in the 30 days prior to the NSP review. The NSP will be modified as indicated based on the outcome of the serious incident analysis, consultation with the CFT, and consideration of the following factors: the youth's need for continuing services, the SDCC STRTP's recommendation regarding



transition to a home setting or independent living, the need for modification in services, and/or progress of the youth toward his/her goals.

The youth and his/her parent/caregiver/authorized representative are invited to participate in the modification of the NSP, and modifications will not be implemented without approval from the youth and his/her parent/caregiver/authorized representative.

#### Non-Minor Dependents

In addition to an NSP, youth ages sixteen (16) and older also receive a Transitional Independent Living Plan, which is based on Life Skills Program assessments and Successful Transition Needs Assessment results, and centers around employment, housing, education, need for ongoing support services, and the development of skills that will help NMDs be successful as independent adults.

SDCC STRTP staff actively support NMDs in achieving their TILP goals and objectives, which include:

- Identifying and developing permanent connections
- Making the transition to independent living
- Assuming incremental responsibility of adult decision making

#### **6.1 Ensure services provided meet the treatment needs of the child as assessed.**

Each NSP includes the services necessary to meet the youth's needs, including core services and supports, physical and mental health services, substance abuse services, and permanency and transition services. The NSP also include the ability of the SDCC STRTP to meet those needs or the need for any referrals to community resources and/or providers.

The SDCC STRTP Program Manager, Clinical Supervisor, and STRTP Supervisors oversee programming and ensure services provided meet the treatment needs of each youth placed in the SDCC STRTP. Treatment team/CFT members review and discuss the youth's progress toward NSP goals, and based on progress made, the treatment team/CFT determines if the SDCC STRTP is able to meet the youth's needs or if an alternative placement should be considered.

#### **6.2 Identify the anticipated duration of treatment, and the timeframe and plan for transitioning the child to a less restrictive family environment.**

The anticipated duration of treatment for youth is based on medical necessity for a residential level of care, and on consultation with the treatment team/CFT. The SDCC STRTP works with each placing agency to meet all placement authorization requirements within each agency's specified timeframes, with the objective to transition youth to a lower level of care in the shortest time possible. Youth placed through CWS and Probation will be reviewed for continued need of placement and specialty mental health services every 90 days.

#### **6.3 Ensure consistency with the case plan as developed by the county placing agency and recommendations by the child and family team.**

For applicable youth, to ensure consistency with the case plan, the assigned SDCC STRTP Therapist requests a copy of the case plan from the youth's authorized representative or their supervisor as soon as the youth is admitted. If the case plan is not received by the Therapist, the Therapist documents attempts made to obtain a copy within the NSP. Regular communication with the authorized representative is expected to be bidirectional and to inform child and family teaming.

#### **6.4 Support the reasonable and prudent parent standard**

Use of Reasonable and Prudent Parenting Standards ensures and encourages the most "normal" life experience for youth while in residential care. SDCC supports the goals of these standards by ensuring applicable staff (e.g. Managers, Therapists, Facility Managers, and Administrators) are trained in their implementation and are expected to utilize the Standards in their decision making with youth. Included in these decisions are allowing youth to participate in age-appropriate extracurricular, enrichment, and social activities. The SDCC STRTP takes reasonable steps to determine the appropriateness of the activity in consideration of the youth's age, maturity, and developmental level. These decisions are usually made in consultation with the treatment team/CFT.

#### **6.5 Identify how children and NMDs will be assessed and the frequency of assessment.**

As stated in Section F of the Plan of Operation:

Assessment is the first part of the treatment planning process. Information is obtained from, but not limited to, the youth's history and physical; direct observation of the youth; statements made by the youth and the youth's family; presenting problems upon admission, family functioning, social functioning, academic function, IEP goals, and outcome measures; Independent Living Skills (ILS), if applicable, and assessments from the members of the multidisciplinary team. Assessment is an ongoing process that continues throughout the youth's treatment and involves all treatment team/CFT members.



Biopsychosocial Assessment: SDCC Programs provide thorough consultative services and a comprehensive biopsychosocial assessment of youth and families, as appropriate to the youth's and family's needs. Youth and families are apprised of all recommendations for assessments, all assessments conducted, and assessment results throughout the youth's treatment by designated members of the multidisciplinary treatment team/CFT.

The bio-psychosocial assessment process may include, but is not limited to, assessments in the following areas:

- |  |   |
|--|---|
| 1. Behavioral Health/History Assessment            | 8. Psychological Testing and Evaluation                       |
| 2. Psychiatric Evaluation                          | 9. Nutritional Assessment*                                    |
| 3. Nursing Assessment                              | 10. Occupational Therapy Assessment*                          |
| 4. History and Physical Examination - Pediatrician | 11. Dental Assessment*  |
| 5. Educational Screening                           | 12. Speech, Language, and Hearing Assessment*                 |
| 6. Recreational Screening                          | 13. Specialized Assessments*                                  |
| 7. Transitional Age Youth Assessments              | 14. Other screenings as required by SDCC's accrediting agency |

(\*completed when indicated by the individual needs of the youth)

#### 1. Behavioral Health/History Assessment

SDCC Programs provide comprehensive biopsychosocial assessments of the youth to be completed and entered into the medical record by the assigned therapist within thirty days of the youth's admission, and which must comply with the specific format requirements for clinical records and the funding source and include data in the following areas:

- |   |   |
|---|---|
| • The youth's name and medical record number  | • A description of the youth's culture and any impact cultural issues may have on access to services  |
| • Date of the history assessment  | • A description of the youth's peer group, activities, strengths and interests                        |
| • A description of the presenting problem   | • History of drug and/or alcohol abuse of the youth and/or youth's family                             |
| • Description of previous psychiatric hospitalizations  | • History of mental illness within the youth's family   |
| • A description of previous psychiatric treatment   | • The marital status and occupations of the youth's parents/caregivers                                |
| • History of high risk lethality factors and any current high-risk factors*                               | • Description of the constellation and family system dynamics   |
| • History of emotional, sexual, physical abuse, and/or any type of trauma                                 | • Medication history and current medications  |
| • Date and description of last psychological evaluation   | • Medical hospitalizations, current or history of allergies or medical problems, neurological history |
| • A description of any complications experienced by the youth's mother during pregnancy                   | • Current family health status  |
| • The youth's developmental history and milestones  | • A legal assessment, when indicated  |
| • Age level of academic functioning and a description of any delayed functioning or learning disabilities | • A diagnostic formulation  |
| • A description of behavioral functioning   |   |

(\*If indicated, a Suicidal/Homicidal Risk Assessment is completed by the youth's therapist and is reviewed among the treatment team/CFT and updated as needed to determine the interventions and level of support the youth will need throughout treatment.)

#### 2. Psychiatric Evaluation

A psychiatric evaluation is to be completed for each youth admitted to SDCC STRTP as indicated within seventy-two (72) hours of the youth's admission and entered into the medical record. The evaluation is conducted by a Board eligible or Board-certified child psychiatrist, and complies with the specific format requirements for clinical records and the funding source.

All Psychiatric evaluations include data in the following areas:

- The youth's name and medical record number, and date of the psychiatric evaluation.
- Identifying statement which includes the chief complaint, age, current living situation, referral source, precipitating events and school placements.
- A review of the developmental history which must include a logical synthesized history gathered from previous available psychological-and medical evaluations. Specific information that composes this area should include prenatal and neonatal factors, a medical history, developmental milestones, educational history, substance abuse history, a sexual history, a detailed past psychiatric history, and a history of the present illness.
- A review of family systems which should include significant family medical and a family psychiatric history, family dynamics, and a history of physical and emotional abuses, and a brief chronological social history.
- A review of psychological testing, or a brief statement synthesizing past information gathered from any psychological tests
- A mental status exam, which describes the youth's behaviors, mannerisms, affect, thought content and process, the presence or absence of suicidal and/or homicidal ideation, important cognitive details and noted medical/neurological

abnormalities. The mental status exam may be conducted and presented in any fashion deemed appropriate by the reviewing Board eligible or Board-certified child psychiatrist.

- A diagnostic listing on per current DSM criteria.
- Treatment recommendations, which should be clear, simple, and directly address justification for level of care, need for medical and lab work, need for additional assessments, pharmacological recommendations, and need for specialty services.

SDCC also requires that a psychiatric follow up note include a mental status exam, adverse reactions to psychotropic medications, improvement or worsening of target symptoms, compliance with medication regime and family or individual therapy follow up.

### 3. Nursing Assessment

Nursing history and physical assessment, and a psychiatric nursing child assessment is conducted by a nurse or med tech typically within twenty-four (24) hours of the youth's admission, but no later than three (3) days following admission. All initial nursing assessments include data in the following areas:

- A physical assessment to include an appraisal of the youth's immunization status and last Mantoux skin test.
- Physical status to include height, weight, and vital signs
- A review of the medical history and any current medical problems or allergies;
- History and date of last dental examination, vision, hearing, or other exams.
- History and dates of last laboratory test, EKG, or other tests.
- Review of biological family history.
- Review of medication history
- A screening for current or chronic pain.
- A nutritional screening to include weight gain or loss, complaints about or inadequate intake at meals, food allergies, gastrointestinal problems, lab values for hemoglobin and hematocrit, special diet orders, nursing comments/referrals for nutritional counseling
- A physical assessment summary
- A psychiatric nursing assessment to include an assessment of the youth's mental status; social status; hygiene and ADL ability; safety risk and lethality factors; favorite activities; perceived strengths; insight into current admission; perceived goals for discharge; and admission observation status.

### 4. History and Physical Examination-Pediatrician

A licensed physician from the Department of Pediatrics at Rady Children's Hospital completes a medical history and physical exam for all SDCC STRTP youth within five (5) calendar days of admission. The following areas are included in the documentation of the medical history and physical examination:

- |  |  |
|--|--|
| • Youth's name and medical record number | • Summary of the youth's medical history                               |
| • Name of Pediatrician                   | • Summary of the youth's family history                                |
| • Date of physical examination           | • A review of systems  |
| • Any current complaints                 | • The results of the physical examination                              |
| • Height, weight, and vital signs        | • Physician's orders and/or recommendations for laboratory studies,    |
| • Allergies                              | other medical evaluations/consultations, special diets, or medications |

### 5. Educational Screening

Educational screenings are completed by the teacher and/or therapist, and the purpose is to identify individuals for whom an educational assessment is indicated. If an educational assessment is indicated, the youth will be referred to their school district. Identified educational needs are included in the youth's Needs and Services Plan.

### 6. Recreational Screening

A recreational screening is completed within thirty (30) days of the youth's admission by the Recreation Services Manager, and includes a survey administered to the youth to determine the youth's activity interests and observation of their physical skills and strengths, social interaction and communication, and any problem areas. If indicated, identified needs are communicated to the youth's therapist and incorporated into the youth's Needs and Services Plan.

### 7. TAY Assessments

The SDCC STRTP Life Skills Program Manager and Program Coordinator conduct assessments and facilitate person-centered planning, including crisis prevention, for Transitional Age Youth. One ILS assessment used is through the ILS software program, V8 Network System (ILS V8), which is a comprehensive assessment tool and reporting package that allows clinicians to assess the teen's competency in sixteen different life skills categories. This software produces an Assessment Report, which scores the youth's assessment tests and presents the results in the form of bar graphs and percentages.

SDCC also provides TAY with Successful Transition Needs Assessment through a self-funded initiative to better meet the unique needs of TAY served by SDCC programs. This initiative enhances the services our TAY currently receive with a new program. The SDCC Successful Transition Program's primary functions include a comprehensive assessment of the TAY's needs, core competencies, and support system. The assessment guides the transition action planning process, which is a combined effort of the youth, transition coach, and other treatment team/CFT members to develop transition plan goals and focus transition coaching services to ensure a successful transition to independence.

The results of these assessments assist youth (ages 16 and older) in developing a Transitional Independent Living Plan (TILP), which focuses on the employment, education, and skills the youth will need to become a successful independent adult.

#### 8. Psychological Testing and Evaluation

SDCC believes youth who require residential treatment should receive high quality clinical assessment ensuring that treatment is tightly matched and individualized to measurably improve the youth's wellbeing and functioning. Therefore, SDCC has partnered with local universities' psychology doctoral training programs to provide intensive assessment internships under the direction of a licensed clinical psychologist. The psychological assessment team participates in all treatment team/CFT meetings, reviews and interprets all available assessments in the youth's record, and provides targeted, comprehensive psychological evaluation to inform treatment and discharge planning in collaboration with the multidisciplinary treatment team.

#### Assessment of STAR Youth

In addition to the assessments listed above, youth placed in SDCC's STAR Program are evaluated by SDCC's Psychological Assessment Team to determine the need for additional diagnostic and/or cognitive testing. All evaluation results are presented in CFT meetings.

## 7. PLANNED ACTIVITIES [Reference: ILS § 87079]

**7.1 The licensee shall develop, maintain, and implement a written plan for activities as required by ILS § 87079, which shall include at a minimum:**

### **7.1.1 A plan for individual child activities and group interaction activities.**

The SDCC STRTP has developed a variety of culturally relevant, trauma-informed, and developmentally appropriate skill building activities that are aligned with the STRTP Core Services and Supports (as indicated in the table below). These activities are provided during after school/evening hours and throughout the day during weekends and school vacations. The SDCC STRTP activity schedule has been well developed and planned by SDCC STRTP Recreation Department staff, Life Skills Program staff, Counselors, and clinical leadership, with feedback and suggestions from youth. All program activities have specific objectives, are reviewed and approved by SDCC STRTP clinical leadership prior to scheduling and implementation, and are supervised by SDCC STRTP Counselors and other applicable SDCC STRTP staff.

Core Services	Corresponding SDCC STRTP Activities/Supports Offered	Provided By	Location
Physical, Behavioral, Mental Health, Extracurricular Supports	Recreation Activities (Passive & Active)	SDCC STRTP Counselors	The SDCC STRTP provides all services onsite, and in the community as needed.
	Social Skills Development Activities		
	Nursing & Pediatric Services	SDCC STRTP Nursing Staff & Contracted Pediatrician	
	Assessment, Plan Development, Individual/Family/Group Therapy, Rehab Services, PTW Services, Case Management, Med Support/Psychiatry	SDCC STRTP Clinical Staff, Counselors & Contracted Psychiatrists	
	Wellness & Self-Regulation Activities	SDCC STRTP Clinical Staff, Counselors, & Contracted Professionals	
Transition to Adulthood Services	Activities of Daily Living (ADL)	SDCC STRTP Counselors	
	Independent Living Skills (ILS) Education & Activities	SDCC STRTP Life Skills Program Staff	
Transition Services	Community Enrichment Activities	SDCC STRTP Clinical Staff & Counselors	
Education	Collaboration with education providers to support each youth's education plan	SDCC STRTP Clinical Staff & Counselors	

**Each youth's needs, relative to program activities, are included in the youths' Client Plan and for CWS in the Needs and Services Plan, which are developed with the youths' involvement.** The SDCC STRTP program activities provide youth with opportunities to participate and interact as part of a group or team and opportunities for individual participation and/or instruction in a small group setting. The activities each youth is interested in, and their preferred method of participation (e.g. in group activities or individual activities), is assessed upon admission. Youth participation in activities may be determined by individual treatment planning, program structure, or by youth preference.

The SDCC STRTP has ample room on our 9-acre campus for individual and group, and recreation activities to be provided simultaneously. The SDCC STRTP campus has large indoor spaces, including a music lab with stage, classrooms, art rooms, recreation rooms, common areas, multisensory rooms, gaming rooms, family visit rooms, and a large industrial kitchen developed to provide nutrition education and culinary arts classes to youth.

### Recreation Activities

The SDCC STRTP has a well-developed Recreation Program that develops active and passive recreation activities which allow youth to participate as individuals, in small group or larger group activity, and in both indoor and outdoor settings. Each activity is utilized as a tool for skill building, physical well-being, and/or social development.

Youth are provided at least two recreation activities per day, and at least one is active (please refer to Section 7.1.2 for a detailed description of active/physical recreation activities) and one is passive and either may be offered as an individual activity or group interaction activity. The overall objectives of recreation activities are:

- to improve physical and mental health through play, recreation, sports, and leisure activities
- to meet individualized treatment needs
- to encourage appropriate social interactions
- to improve motor skills and self-esteem and reduce stress
- to develop new skills and provide a means for self-expression
- to promote self-confidence, the ability to follow directions during distraction, and the use of coping skills when frustrated

### Passive Recreation Activities

The SDCC STRTP provides passive recreation activities that focus on social skills building activities, fine motor development, increasing self-expression, improving attention span, frustration tolerance and impulse control. Most of these activities are provided onsite by our staff.

- Examples of individual passive recreation activities offered include art/crafts, music lessons, gardening, photography, singing, writing, gaming, and woodworking.
- Examples of group interaction passive recreation activities offered include drumming circles, mindfulness, board games, cooking, and team trivia.

### Social Skills Development Activities

Social skills development activities are provided in group settings and can be held onsite or offsite. Social skills development activities expose youth to different groups with the goal of increasing knowledge and acceptance of others' beliefs. These activities teach youth how to work together and bond with one another in a structured activity by experiencing cooperation and teamwork. Specific activities include activism (through offsite participation in a community event or onsite discussions), hosting guest speakers on topics that are of interest to youth, character building activities (e.g. participation in the SDCC STRTP Youth Council), short stories and discussions about different morals or values, and community service.

The SDCC STRTP has two **Youth Councils**, one for adolescents and one for children and pre-teens. Each Youth Council meets weekly and each cottage/unit has a rotating representative. Youth Council meetings are facilitated by youth, address appropriate concerns, and develop and document action plans as needed with the support of SDCC STRTP Counselors and Supervisors who attend each meeting. Information/action items/decisions from Youth Council meetings is shared with any youth who are unable to attend. Youth Council meetings have also included alumni participation. Youth Council suggestions can help to select, improve or expand activity offerings on campus or in the community.

### Wellness & Self-Regulation Activities

The SDCC STRTP provides alternative and holistic interventions to produce a positive impact each youth's mental and physical health. Alternative treatment strategies focus on teaching youth multiple ways to self-regulate functioning in areas such as arousal level, mood, physical health, appetite and eating behavior, social interaction, and sleep patterns. Activities emphasize teaching youth adaptive ways to learn to calm themselves, regulate their mood, handle frustration, problem solve effectively, sleep without difficulty, eat an appropriate amount of food, and appropriately approach social interactions. This is achieved by offering youth physical fitness activities (yoga, aikido, etc.), relaxation therapy (meditation, guided imagery, breathing exercises, massage therapy, etc.), mindfulness, nutritional concepts, social skills activities, drama activities, gardening, and incorporating culturally appropriate activities to build new skills. These activities are woven throughout the day and across the campus to support a holistic healthy environment.

### Offsite Activities & Safety

Offsite activities are an integral part of program schedule. The SDCC STRTP organizes and coordinates small and large outings depending on the activity or event, which provide youth an opportunity to practice social skills, and pro-social and safe behaviors in the community. These offsite activities better prepare youth to transition to their home community and include trips to the San Diego Zoo, the San Diego Safari Park, Sea World San Diego, Padres baseball games, community plays, community libraries, day camps, San Diego County hiking trails, the local YMCA and Boys & Girls Clubs, etc.

Recognizing that a youth's unsafe behaviors may prohibit him/her from participating in offsite activities, there are always additional recreation opportunities available onsite. Generally, a youth's qualification for offsite activities is determined by his/her safe behavior and their individualized treatment plan. A youth's immediate behavior is always considered before participation in an offsite activity, and the staff in charge of the activity, after consultation with the youth's Therapist and/or a Manager or Supervisor, may determine that a youth cannot attend due to safety concerns.

#### **7.1.2 Physical activities, including but not limited to games, sports and exercise.**

**Physical activities are provided on campus and in the community.** The SDCC STRTP campus supports a large outdoor area with three lighted basketball/volleyball courts, a playground, a covered pavilion, open grass, a patio/picnic area, two gardens, and a challenge course including a rock climbing wall. The campus is located next to a large public park with baseball fields, basketball courts, a playground, recreation facility, and swimming pool, and a BMX course.

### Active/Physical Recreation Activities

The SDCC STRTP provides active recreation, or physical activities that focus on physical fitness and motivation to engage in regular exercise.

- Examples of individual active recreation activities offered include dance, walking/running laps, ropes course, and rock climbing.
- Examples of group interaction active recreation activities offered include basketball, volleyball, and baseball, yoga, Zumba, and team building exercises.

More specifically, the SDCC STRTP provides the following physical activities as part of the program schedule:

- onsite team sports (games and tournaments)
- onsite individual physical activities, including rock climbing, walking/running, bicycling, skateboarding, etc.
- onsite lessons/instruction in various physical skill building sports and activities, e.g. Aikido and Zumba
- onsite team building activities, including use of the SDCC STRTP challenge course
- offsite outings to the YMCA, Community Recreation Centers, Ranches, skate parks, and other community organizations
- community engagement in sports teams/leagues (i9); participation in individual physical activities; coaching; and/or individual lessons/instruction

#### **7.1.3 Identification of leisure time.**

Leisure time includes free, unstructured time for youth to spend in play and doing activities of their choice, including sports, bike riding, skateboarding, movies, homework, listening to music, socializing with peers, etc. Leisure time is accounted for in the SDCC STRTP program schedule.

#### **7.1.4 Identification of the children involved in the activities.**

Every youth is encouraged to participate in all onsite, scheduled activities. See above for off-site activities. Youth are given choice of activities at multiple points throughout the day and week, in addition to assigned activities that support treatment plan goals.

#### **7.1.5 Education activities, including attendance at an education program, and afterschool study.**

SDCC STRTP collaborates and supports the education plan for each individual student via the following education activities:

All youth in residence at SDCC STRTP are evaluated for school placement upon admission in partnership with the SD County Office of Education and the student's home district or the local San Diego Unified School District. Youth may attend SDCC's on-grounds non-public school (NPS), which is described in detail in Section 7.3.1/Special Education, or youth may attend regional public or private schools, which is described in detail in Section 7.3.2/Use of Public or Private Schools, as determined to best meet their academic needs within the least restrictive environment.

##### **Attendance at an education program:**

- Non-Public Education: SDCC provides onsite non-public education services through the SDCC Academy, which is a Western Association of Schools and Colleges accredited NPS. The education services provided by the SDCC Academy are described in detail in Section 7.3.1/Special Education.
- Public and Private Education: Public and private school educational services are provided via a cooperative effort between the San Diego Center for Children, the San Diego County Office of Education, San Diego Unified School District (SDUSD), and other local school districts. These services are further discussed in Section 7.3.2/Use of Public or Private Schools.

##### **Afterschool study attendance:**

SDCC STRTP staff ensure youth participate in education activities as indicated in their Individualized Education Program and/or their Needs and Services Plan, and staff encourage youth to attend any after school study or activities provided by their school. SDCC staff may provide transportation to and from the youth's school or will support school transportation.

##### **Educational Supports:**

The SDCC STRTP provides the following types of education support and assistance to each foster youth:

- Assistance to ensure youth attend their school of origin or the school where they were previously placed when it is in their best interest, and if out of the district, provide transportation to the school.
- Assistance to ensure youth are immediately enrolled in a school despite lack of immediately available transfer records and immunization records if the youth is unable to attend the school of origin or the school where they were previously placed.
- Assistance to ensure youth are issued partial credits by the prior school and not reenrolled in previously completed courses in the prior school.
- Assistance to ensure youth have access to the same academic resources as all students including appropriate school supplies and services and transportation to extracurricular and enrichment activities such as clubs, sports, religious activities of their choice, club and league sports, culturally relevant activities, school dances, school pictures, yearbooks, etc.
- Assistance to ensure youth (in age appropriate terms and ability), together with the holder of educational rights and other pertinent parties, are included in the decision making regarding their education.
- Assistance to ensure that youth who are struggling academically and/or emotionally at school have a Student Study Team (SST) meeting and/or an assessment for an Individualize Education Plan (IEP) depending on the school district policy. If the IEP assessment determines the youth does not qualify for special education services, a request shall be made for services under Section 504 to determine appropriate accommodations necessary to meet the child or youth's educational needs.
- Assistance in ensuring each youth's right to a school liaison is upheld, if available through the Foster Youth Services Coordinating (FYSC) 4 Programs or other services.

- Support in completing required homework, and if appropriate, tutoring to assist in meeting academic requirements through FYSC and/or other services. (As stated in Section 7.3.3)
- Assistance with vocational and/or college preparatory tasks including completing admissions and financial aid applications.
- Assistance to ensure youth have support and advocacy with respect to prompt and culturally-sensitive intervention when being bullied for any reason such as physical characteristics, foster care status, SOGIE, race/ethnicity, or age.
- Assistance to ensure access to the appropriate Regional Center if the youth has a qualifying developmental disability.
- Support in identifying themselves as a foster youth to their attending or college of choice; assistance in obtaining college fee waivers and grants or other financial assistance; and employment assistance.

**7.1.6 Activities which meet the training, money management, and personal care and grooming needs identified in the child's and/or nonminor dependents needs and services plans.**

**Activities of Daily Living (ADL)**

ADL is an extension of ILS curriculum, but less formalized, by which youth are taught instrumental (domestic and community) ADL within their residence, outdoors, or both. Activities can be led in a group format or individually, but are tailored to each youth's developmental and independence levels. Activities can include money management, communication skills, animal care, community mobility, health care, personal hygiene, shopping, home care, religious observances, and safety procedures/emergency response.

**Independent Living Skills (ILS)/Vocational Skills**

The SDCC STRTP includes a Life Skills Program that was added in 2009 and is funded by Mental Health Services Act dollars through a San Diego County BHS-CYF Mental Health Enhancement Contract. The Life Skills Program provides ILS training/classes and activities to assist TAY and NMDs in making a successful transition into adulthood. Each TAY and NMD has personal goals, based on assessments, within their Transition to Independent Living Plan and Successful Transition Plan. Goals are developed in various transition domains, including employment, education, housing planning, personal hygiene, etc. The Life Skills Program provides TAY and NMDs with classes and individualized activities that help them achieve their transition goals, which include trips into the community to practice skills and onsite lessons, presentations and demonstrations from community professionals (e.g. military personnel, local chefs, etc.).

The Life Skills Program uses the *Curriculum and Lessons for Attaining Self Sufficiency* (CLASS) from the Daniel Memorial Institute to develop classes and activities offered by SDCC staff. **CLASS** is a comprehensive curriculum software program for teaching independent living skills to youth in groups that focus on fourteen (14) life skills categories: **Interpersonal Skills; Educational Planning; Money Management; Food Management; Personal Appearance; Health; Job Seeking; Job Maintenance; Legal Skills; Emergency and Safety Skills; Community Resources; Housekeeping; Housing; and Transportation.** Practice of these skills can occur through onsite activities, such as cooking in our teaching kitchen, woodworking/furniture restoration in our workspace; or through community activities that give youth exposure to many local resources, such as working in a local restaurant.

**7.2 Extracurricular, enrichment, cultural, and social activities may include, but are not limited to, the following:**

**7.2.1 Worship services**

The SDCC STRTP also provides the opportunity for youth to attend religious services or activities of his/her choice, to have visits from a spiritual advisor of his/her choice, and to attend religious activities on a completely voluntary basis. The SDCC STRTP provides transportation to and from these activities when needed.

**7.2.2 Community events, including lesbian, gay, bisexual, transgender, queer/questioning, and gender expansive children and youth activities**

**Community Enrichment Activities and Community Engagement Program**

SDCC STRTP staff seek out information regarding upcoming community events and inform and encourage youth to attend. Community events that are of interest to multiple youth are incorporated into the weekly schedule with approval from the STRTP Manager or designee. SDCC STRTP Counselors provide transportation to and from, and supervision at, community events as needed.

Currently, LGBTQ youth placed in the SDCC STRTP participate in events that support the LGBTQ community and access support services through local community agencies that host support groups (e.g. LGBTQ Center of San Diego and Hillcrest LGBTQ Youth Center). Though activities at the youth center may change from month to month, the Center routinely provides age specific discussion groups, computer access, health education, basic financial education, youth leadership training, HIV prevention education, life skills training workshops, creative and performing arts programming, and social activities. SDCC STRTP Counselors provide transportation to and from these agencies for any scheduled groups, activities, or events.

Activities to celebrate cultural diversity are also provided, and major holidays of different cultures are recognized and celebrated. Youth, family members, and individuals from the community are invited to contribute toward the planning of these events and attend when possible. Additionally, youth are supported in attending cultural activities in their local community.



The SDCC STRTP also has an established and well-connected Community Engagement Program and services are provided under the direction of the Community Engagement Program staff. The Community Engagement Program connects SDCC STRTP youth and their families to community enrichment activities and works to support youth in their transition home by identifying resources and supports in their home communities and establishing those connections prior to transition. The Community Engagement Program provides every SDCC STRTP youth and family with the following based on the youth's and family's needs:

- Enrollment and participation in i9 sports leagues (basketball, flag football, etc.), including regularly scheduled practices and coaching, and all required uniforms and equipment
- Memberships in their home communities to recreation centers, exercise and art/music programs (YMCA, etc.)
- Individualized extracurricular onsite classes by community professionals (art, music, etc.) and all necessary supplies
- Hands-on planning support with and for parents/caretakers to effectively connect them to community services and programs in their home communities, including religious, cultural, and LGBTQ supportive programs
- A written list of resources detailing community resources available in their home community to the youth and family in preparation for the youth's transition home
- Follow up with parents/caretakers following the youth's transition home (usually in conjunction with Wraparound or other aftercare service providers) to ensure necessary resources are being accessed

### **7.2.3 Outdoor adventure clubs**

The SDCC STRTP provides numerous outdoor activities and clubs to youth. As described above, youth are also connected to community organizations that also provide services like "outdoor adventure clubs", e.g. YMCA.

### **7.2.4 School or after school activities**

The SDCC STRTP encourages youth participation in school, and after school activities, including student council, band, drama, sports, dances, etc. and ensures transportation is provided to these activities as needed for youth who attend school in the community.

### **7.2.5 Movies, farming, gardening**

Activities like movies and gardening are part of the SDCC STRTP Recreation Services Department and under the direction of the SDCC STRTP Recreation Services Manager. As described above under "Recreation Activities", these activities are well developed with objectives for each activity, provided onsite, and incorporated in the SDCC STRTP schedule.

### **7.2.6 Overnight activities**

Youth will be allowed to participate in overnight activities (e.g. sleepovers with friends) as determined appropriate by the treatment team/CFT. In these instances, and with any passes, SDCC STRTP provides families and youth with information and instructions regarding how to prevent, and respond to, a crisis.

### **7.2.7 Babysitting**

Babysitting may be provided by youth off-site of the STRTP (i.e., at home) if determined appropriate by the treatment team/CFT and if appropriate measures were in place to ensure safety and adequate supervision of all children and youth.

## **7.3 Describe the program's planned educational activities and services. Activities include, but are not limited to:**

### **7.3.1 Special education**

SDCC provides onsite non-public education services through the San Diego Center for Children Academy, which is a Western Association of Schools and Colleges accredited Non-Public School (NPS). The SDCC Academy has staff that work closely with school district and placing agencies to ensure students are placed in the least restrictive educational program appropriate to their needs, and to ensure they have access to the academic resources, services, and extracurricular and enrichment activities that are available to all students.

The SDCC Academy provides specialized instruction and curriculum to special education students, including both certificate and graduation tracks. The SDCC Academy uses special education curriculum, direct instruction, and a high adult-to-student ratio to maximize the students' success in school. Education services are provided under the direction of State of California credentialed special education teachers and meet the state standards for Common Core instruction and "A through G" course work for college readiness. The following services are offered to students in the Academy based on specific needs and education plans:

- Intensive Reading Improvement Program
- Math Improvement Program
- Behavior Analysts/BCBA on staff
- Occupational therapy and classroom sensory modifications
- Speech and language therapy
- Anti-Bullying and Leadership Development Program
- Positive Behavioral Management curriculum (Peace Builders)
- Music Program (choir, instrument, electronic music)
- Competitive Sports League
- Life Skills and Successful Transitions Planning/Coaching (High School and Certificate Programs)



Each child attending the SDCC Academy has an Individualized Education Program (IEP) that authorizes NPS placement and delineates the goals and objectives of the student's educational program. IEP goals are based on educational assessments, prior academic functioning, and mental health needs. IEP input and meeting attendance includes the education rights holder and SDCC STRTP staff.

Youth, who are Dependents of the Court, and enrolled in the SDCC Academy, will be permitted to attend even if all required school records and immunizations are not available. Additionally, Dependents may continue to attend the SDCC Academy following discharge from the SDCC STRTP if remaining at the SDCC Academy is in their best educational interest and the decision is made by the IEP team and approved by the youth's authorized representative.

### **7.3.2 Use of public or private schools**

Educational services are provided via a cooperative effort between the San Diego Center for Children, the San Diego County Office of Education, San Diego Unified School District (SDUSD), and other local school districts. Every effort is made to address educational placement by the time of admission. The Intake department staff work with school district representatives to determine the most appropriate educational environment, with the focus on placement in the least restrictive education setting to meet the needs of the youth. If it is determined the most appropriate educational environment will be the youth's home school district, the SDCC STRTP will arrange for, or provide, transportation to and from school and any educational activities and events.

In situations where further assessment is necessary to determine the most appropriate educational setting, the SDCC STRTP works closely with the youth's educational rights holder, authorized representative, and home school district to develop an interim educational plan to include public school placement or NPS placement.

For Wards or Dependents of the State, educational placement is determined by the youth's home school district in conjunction with the youth's authorized representative. Efforts are made at the time of admission to determine who has educational signing rights for the youth, and if parental involvement will be possible. For youth without parental involvement, the Office of Education may assign a parent surrogate to advocate for the youth's best interest regarding educational services.

#### **TAY and Non-Minor Dependents**

For TAY and NMDs who have interest in attending, or are enrolled in, a post-secondary education or vocational school, SDCC STRTP staff makes every effort to support and assist them in obtaining continuing education assistance.

SDCC's Life Skills Program staff and Successful Transition Program staff work to assist TAY and NMDs in obtaining information regarding available programs, financial aid options, and available scholarships/grants/loans. These staff schedule, and participate in, campus tours and school-sponsored events with interested TAY and NMDs and provide onsite assistance in completing any necessary applications.

### **7.3.3 Tutoring, if applicable**

SDCC STRTP Counselors provide tutoring to youth during homework time in the evening or weekends.

### **7.3.4 Providing a safe learning environment for the lesbian, gay, bisexual, transgender, and queer/questioning and commercially sexually exploited children or youths.**

It is the responsibility of SDCC to ensure that all youth have a safe treatment and learning environment. This includes ensuring that any incident of discrimination, harassment, or violence is given immediate attention, including investigating the incident, taking appropriate corrective action, and providing youth and staff with appropriate resources.

Additionally, SDCC implements the following to protect the rights of transgender and gender nonconforming youth:

- Transgender and other gender youth have the right to dress in a manner consistent with their gender identity or gender expression.
- Transgender and other gender youth shall be permitted to participate in athletics in a manner consistent with their gender identity.
- Youth shall have access to the restroom that corresponds to their gender identity.
- In situations where youth are segregated by gender, such as for health education classes, youth will be included in the group that corresponds to their gender identity.
- Youth have the right to be addressed by a name and pronoun that corresponds to the youth's gender identity. A court-ordered name, gender change, or parent/guardian approval is not required, and the youth need not change his or her official records.
- The intentional or persistent refusal to respect a youth's gender identity (for example, intentionally referring to the youth by a name or pronoun that does not correspond to the youth's gender identity) is a violation of SDCC policy and will be grounds for disciplinary action.

### **7.3.5 Provide a SAMPLE DAILY ACTIVITY SCHEDULE for one week, including weekends and holidays.**

Please see the following pages for a sample daily activity schedule for one week, including weekends and holidays.

SDCC STRTP Daily Schedule for CHILDREN & PRETEENS							
Mental health services are provided during the week following school and onsite unless otherwise indicated.							
TIME	MON	TUES	WED	THURS	FRI	SAT	SUN
9am	Youth attend an onsite NPS (SDCC Academy) or an offsite school in their community.					Wake up, Hygiene, & Breakfast	
9:30am						Relaxation/Religious Service (Optional)	
10am						Activities include community sports, horseback riding, swimming, etc.	Religious Service (Optional)
12pm						LUNCH	
12:30pm						Free Time	
1pm						Community Engagement/Social Skills Outings & Activities with Staff and/or ILS Training/Education (may be provided onsite, but typically provided via offsite trips to community organizations/businesses)	
4:00pm							
4:45pm	Psychotherapy Group	Social Skills Development: Team Building	Psychotherapy Group	Life Skills Group OR Rehab Group	Paws’itive Teams	DINNER	
5:30pm	DINNER						
6:00pm	Free Time	Youth Voice Council or Free Time	Alateen (for identified youth)	Free Time	Free Time	Rehab Group	
6:45pm	Community Meeting & Sea Explorers Group					Free Time	
7:00pm	Relaxation Activities & Homework						
7:45pm	Hygiene Begins						
8:00pm	Bedtimes Begin						

SDCC STRTP Daily Schedule for ADOLESCENTS							
Mental health services are provided during the week following school and onsite unless otherwise indicated.							
TIME	MON	TUES	WED	THURS	FRI	SAT	SUN
9am	Youth attend an onsite NPS (SDCC Academy) or an offsite school in their community. NMDs work or attend school.					Wake up, Hygiene, & Breakfast	
9:30am						Relaxation/Religious Service (Optional)	
10am						Activities include community sports, horseback riding, swimming, etc.	Religious Service (Optional)
12pm						LUNCH	
12:30pm						Free Time	
1pm						Community Engagement/Social Skills Outings & Activities with Staff and/or ILS Training/Education (may be provided onsite, but typically provided via offsite trips to community organizations/businesses)	
4:15pm	Psychotherapy Group	Independent Living Skills Group	Psychotherapy Group	Independent Living Skills Group	Paws’itive Teams		
5pm	Rehab Group	Rehab Group	Driver’s Ed or Rehab Group	Rehab Group	Rehab Group		
5:45pm	Community Meeting					DINNER	
6:15pm	DINNER						
6:45pm	Alateen Group OR Free Time	Youth Voice Council OR Free Time	ILS-STRIDERS, Driver’s Ed, OR Free Time	Free Time	YMCA Outing or Free Time	Rehab Group	
7:30pm	Relaxation Activities & Homework	Relaxation Activities & Homework	12 Step Group OR Relaxation Activities & Homework	Relaxation Activities & Homework		Free Time	Relaxation Activities & Homework
8:30pm	Hygiene Begins						
9pm	Bedtimes Begin						

## 8. SERVICES DURING PLACEMENT AND POST PERMANENCY

Describe in detail how the facility will:

### 8.1 Provide or arrange for additional services and support to meet the individual needs of children, nonminor dependents, and families during placement and post-permanency

While in treatment, referrals are made as necessary for additional services or supports to ensure each youth's individual needs and the needs of their families are met. As listed in Section K of the Plan of Operation, SDCC makes referrals as necessary to various community resources for the provision of additional services and supports. Current community mental health and other service providers the SDCC STRTP refers to includes:

Provider	Service and/or Support
Alateen	Onsite AA meetings
Deaf Community Services	Sign language interpretation
Emergency Screening Unit & Psychiatric Emergency Response Team	24hr psychiatric emergency services
Interpreter's Unlimited	Interpreter Services
Permanency and Family Finding	YMCA
Planned Parenthood	Onsite sex education classes
McAllister Institute	Onsite recovery services
New Alternatives-Therapeutic Behavioral Services	Behavioral mental health coaching service for full-scope Medi-Cal youth
Paws'itive Teams	Onsite pet therapy as needed
Rady Children's Hospital	Medical services, including emergency and urgent care
Regional Center	Services for youth with developmental delays
School districts	Individualized Education Programs
SDCC Family Wellness Center	Autism Spectrum Disorder services
San Diego Kids Health Assurance Network (SD-KHAN)	Low or no cost medical and dental care
Super Dental & Neighborhood Dental	Dental services
TERM Providers	Therapeutic services provided for CWS & Probation youth
Indian Specialty Unit at CWS and Tribal Council	Tribal services

For youth transitioning home or to a home-like environment, and following a decision made by the treatment team/CFT, referrals will be made to community-based providers throughout San Diego County, which include San Diego Center for Children FFAST or WrapWorks, Fred Finch Wraparound, Mental Health Services-Families Forward, and New Alternatives-TBS, for additional services to help support the youth's transition. Referrals to these providers are made up to ninety (90) days prior to discharge to ensure services are well established by the time of discharge. Services continue with these youth and families for several months (typically 9-12 months) post discharge to support their transition and connect them to additional natural supports.

Additionally, through the SDCC-STRTP San Diego County BHS-CYF contract and for youth who are not receiving specialty mental health services from a Wrap or TBS provider, SDCC STRTP staff can provide Medi-Cal specialty mental health services in the home. These services can include **therapy, case management, IHBS, and medication support services, which will be provided as needed, beginning at the time of discharge and up to 90 days post-discharge, to support youth and family transition** and to ensure linkages to community providers and resources that will continue **to support permanency**.

For TAY and NMDs, referrals are made for services and supports post discharge to further assist them in their transition to independence, including to the referrals listed below for work readiness and vocational assistance programs, assistance programs for adults who were in foster care, health care, housing services, job placement services, etc. SDCC's Successful Transition Program serves TAY and NMDs post discharge to ensure connections are made and established with referred providers.

- CONNECT2Careers
- Federally Qualified Health Center for health, mental health, and dental care
- Just in Time for Foster Youth
- Promises2Kids
- Job Corps
- Job Options Inc.
- ManPower

## **9. PLAN PARTICIPATION IN CHILD AND FAMILY TEAM**

### **Describe in detail how the facility plan for participation in the child and family team process.**

Participation in the child and family team and team meetings, and implementation of action planning is an expected function of SDCC-STRTP and its clinical staff for youth served within the system of care, particularly child welfare and probation youth. Expectations for CFT participation are specifically delineated in our Child Welfare and Behavioral Health Services contracts, and in the agency CFT policy. All clinical staff are trained through partnership with San Diego County Pathways to Wellbeing (PTW) to fully support and engage in Child and Family Teams, and to serve as CFT facilitators as assigned.

Per San Diego County Pathways to Wellbeing guidelines, for youth receiving services in the SDCC STRTP and who qualify for PTW services, the initial CFT meeting is held within the first 30 days of placement and at least every 90 days to review the youth's progress and make collaborative decisions about what the youth and family will need during the next three months to move closer to successful discharge. Youth in the SDCC "STAR" program will have CFT meetings every 30 days to support more rapid assessment and stabilization. SDCC clinical staff, usually the assigned primary clinician, will serve as the CFT team facilitator while the youth is in STRTP care, and will take primary responsibility for the CFT process (scheduling, facilitation, documentation, action follow up). CFT members include the youth and family, Placing Agency Representative, community collaborators, family requested supports, and SDCC counselors, therapist, psychiatrist. See details further explained in each section below.

**Provide a description of the following:**

### **9.1 Policies and procedures for embedding the child and family team into the program, including supporting the goals of the child and family team and how the program will be an active member.**

Per our CFT policy and agency contracts, SDCC has several planned methods which embed the CFT process into program practices. **A strong working relationship with the CWS PTW Program, including facilitators, ensures SDCC staff inclusion in the CFT process and support of the CFT process goals.**

- Partnership with Child Welfare / Pathways to Wellbeing: SDCC was a leading agency partner in the pilot implementation of the Core Practice Model and CFT process in San Diego County. Because of our longstanding role in this process, the county has determined that SDCC staff will serve, in most cases, as the CFT facilitator to youth within our care. As San Diego County develops its own CFT Facilitator contracted program, expectations and processes will continue to evolve to best serve the needs of youth within the System of Care, and SDCC will modify our role accordingly.
- Training: Clinical staff and supervisors have been trained in the theoretical foundations and facilitation practices of CFT to ensure they are proficient with the CFT process. All new clinical staff must complete initial training on Pathways to Wellbeing (PTW) within the first month of hire, and additionally complete the Facilitator training when offered by the County. SDCC training requires staff to be active members of the CFT and to voice their concerns, suggestions, and support for CFT recommendations.
- SDCC's Role: SDCC staff perform an active role by taking the lead in scheduling timely CFT meetings or communicating proactively with CWS and CFT Facilitators if meetings have not been scheduled by another assigned facilitator. When SDCC staff facilitate, the following is expected: provide team members with a Pathways to Well-Being Child and Family Teaming Standards document, briefly reviewed the standards, and discuss the purpose of the meeting; facilitate the creation of group agreements and an agenda for the meeting as a means of supporting the client and family; facilitate discussion about client's strengths, and family/support efforts toward goals; review current supports and services and their effectiveness; address team member concerns; create action plan; complete scaling feedback for each meeting participant; and complete all related documentation. This process also includes preparing youth and family prior to meetings, and debriefing any issues following meetings. Youth voice should be a key contributor as much as possible.
- CFT Evaluation process: Within the required CFT team documentation is a two item scaling measure to assess each participants' perspective of their input (feeling heard) and degree of services/action support (do/don't support plan). This information is used to evaluate the effectiveness and collaboration of the team to improve processes and engagement.
- Team Communication: Communication with team participants between CFT meetings is an expected part of the CFT process, including collaboration of action items. Relevant information from CFT meetings is routinely shared within SDCC treatment teams to ensure integration with the STRTP Client Plan and to update NSP goals and progress. Feedback on youth progress toward goals is collected weekly by the primary clinician in collaboration with the direct care and support staff through written and verbal formats.

- Documentation: SDCC staff coordinate and document CFT meetings when applicable to support youth treatment planning, progress review, community engagement, and transition/discharge planning. Currently, when SDCC staff serve as the CFT Facilitator, all applicable documentation is prepared and shared with the youth's County Social Worker. When a CFT meeting is facilitated by Child Welfare, SDCC staff document their participation in the youth's medical record and request copies of applicable documentation from the youth's County Social Worker. Documentation includes SD county PTW forms of: Eligibility for PWS Enhanced Services, CFT Standards, PTW Progress Report, Individual Progress Note/ICC Form; Progress Summary and Action Plan; UM Request and Authorization.

**9.2 Description of how the agency will advocate through the child and family team meetings to include, but is not limited to, a child or youth's lesbian, gay, bisexual, transgender, and queer/questioning; cultural; or religious advocate.**

It is the goal of SDCC STRTP to advocate for the unique and individualized needs of all youth placed with our agency. This is particularly important for youth specific to their SOGIE, cultural, and spiritual needs so that these needs are not underappreciated in the placement/treatment/transition process. The admitting Behavioral Health Assessment can identify needs related to these areas thus ensuring their prompt identification. SDCC staff routinely bring these needs to the CFT and advocate for them with consideration of youth's self-identification, cultural needs, religious preferences, or any other identified concern. Wherever possible, advocacy will include supporting youth in giving direct voice to their own needs and preferences, including having the youth make decisions within the CFT planning and action implementation. Like treatment, advocacy must be specific to the individualized needs and preferences of each youth.

Advocacy may be provided directly by the primary clinician when these specific issues are identified as significant to supporting the youth's treatment planning and progress. Additional SDCC staff working with the youth, such as a life skills coach or community engagement coach, may advocate with the CFT to ensure activities and community connections are supported for LGBTQ, cultural, or religious needs (such as, ensuring transportation is provided for local religious services, registering a youth to participate in a peer group at the LGBTQ Teen Center, or ensuring participation in a tribal ceremony in collaboration with the tribal representative). If a youth requests additional individuals to participate in CFT planning to advocate on their behalf, SDCC makes every effort to honor those requests. For example, a counselor from the LGBTQ Teen Center may be consulted for strategies to support youth engagement with the Center or may be invited to participate in a CFT meeting for a youth enrolled in their services.

**9.3 Description of how the agency will advocate through the child and family team meetings to include commercially sexually exploited children or youth and their families so that they will not be re-victimized.**

SDCC STRTP does not specially treat CSEC youth due to the nature of our general high risk mental health population and treatment of younger children on the same campus. While youth with CSEC identification are not specifically excluded from admission, referrals with this identified concern will be evaluated carefully for the degree of involvement, exploitation, risk, and other factors. Youth identified with CSEC concerns that emerge after admission will be re-evaluated for the appropriateness of placement and services.

Though not CSEC specific, SDCC STRTP provides a trauma informed care environment for all youth with the recognition that nearly 90% of youth and families in our care have experienced severe and/or chronic traumatic stressors. Safety of youth is always at the forefront of our advocating, including for youth who have already been severely victimized and are at risk for further victimization. When related needs for CSEC youth are identified, SDCC STRTP staff will ensure these needs are brought to the CFT and included in all treatment and transition planning. Our advocacy will focus on ways to increase safety without infringing on personal rights. Developing clarity and agreement on contacts, visitation, passes, and access to community engagement will help ensure youth safety while respecting youth voice. External community partners with expertise in CSEC support services will be invited to collaborate and support youth while in care and through transition to aftercare. Advocacy may also include supporting youth movement to programs that are more specifically designed for their service and support needs.

## 10. IDENTIFICATION OF HOME BASED CARE

### **Describe the facility's policies and procedures for working with the county and/or Foster Family Agency in finding permanency for a child or nonminor dependent transitioning to home-based care.**

SDCC STRTP maintains a policy that the best place for a child is in a safe, nurturing and loving home. Residential therapeutic intervention should be short-term and intensive with a focus on helping the child and caregivers during periods of acute mental health needs. SDCC recently began a strategic initiative, based on the national Building Bridges Initiative, to promote greater focus across SDCC policies and practices on family engagement, family support, and building successful permanency. As we develop this initiative, it will further enhance current policies promoting youth and family voice and choice in all aspects of STRTP operation.

Per SDCC's Admission Policy and Procedures, admission to the STRTP is based on a child's need for brief, intensive, supportive care that includes targeted mental health services, and is focused on returning the child to a family environment as soon as possible. The identification of home-based care and permanent connections begins with review of the referral from the placing agency, and follow up evaluation of the appropriateness of the referral to the STRTP level of care. Intake staff initiate communication with the referral agency to understand the child's family status, legal status, history of placement, current supports, and barriers to home-based placement. Further evaluation seeks to clarify that the youth meets criteria for medical necessity for this intensive level of mental health services, and that no lower level of care is appropriate. Whenever family or other permanent supports are available, these individuals are invited to participate in the intake evaluation and process, including touring the facility prior to admission and joining in the admission process where allowable. Family members are identified in collaboration with the referral agency so that communication can begin as soon as possible, respecting any legal limitations of dependency or family court. Family members and supports are provided with the SDCC STRTP "Handbook" to help them orient to the agency, understand their rights and how to participate in the youth's care. For youth without identified family or target return environment, SDCC will collaborate with the placing agency to initiate family finding or foster care placement options. In San Diego county, there is a single contract agency providing family finding services to Child Welfare Services, such that family finding is not a direct responsibility of the STRTP. When a referral is made with this agency, SDCC begins collaborative engagement, including having family finding staff meet directly with the youth and helping to coordinate contacts or visits with identified family persons. SDCC staff will advocate for this process to begin as soon as possible following admission.

Upon admission to the STRTP, youth are assigned a primary clinician who serves as their individual therapist and care coordinator, and most often also as the family therapist. The primary clinician becomes the liaison with the placing agency and all activities focused on finding and building permanent connections and placements for the youth. The primary clinician ensures that the development of the Needs and Services Plan and behavioral health treatment plans include goals related to the youth's successful return to home based care, respecting the youth voice and choice in plan development and implementation. The primary clinician is also responsible for ensuring the coordination of child and family team meetings in collaboration with child welfare staff or CFT facilitator. The primary clinician will ensure that the CFT and treatment teams review youth progress toward successful transitions, and that external resources are effectively engaged. This may include continuous collaboration with family finding staff, community support partners (wraparound, outpatient providers, education, CASAs, etc.), and identified foster placements agencies/representatives to promote goals supporting transition to home-based care. Regarding family finding, the primary clinician becomes the point of contact within the STRTP to promote child and family contacts. This may include ensuring regular phone calls or virtual visits through technology, arranging visitation to the region, or supporting youth travel out of region for family visits (up to and including SDCC staff transporting or accompanying youth in travel).

Within the STRTP care model, specific activities are supported to promote increased success in transition back to home-based care and building permanent connections. The primary clinician works to support the youth's progress toward treatment goals, while also working to understand and reduce challenges for the family of having the youth safely in the home. When families are involved, family therapy will be provided on a regular basis to improve relationships, build trust, support healthy communication and problem solving, and other objectives to strength the family system. Family visits and phone calls, home passes, collateral contacts, and community engagement activities are additional tools to help build the caregiver and youth connection. Evidenced-based practices within family therapy may include parenting skills development (i.e., Positive Discipline), or trauma recovery work (parent participation in Trauma Focused CBT), or more systems-based work such as Solution Focused Brief Therapy. Family therapy may also include sessions in the family home or community. For other families, the focus may be on building trust and engagement with treatment providers as families can see the STRTP as part of the system or problem that is interfering with the family cohesion. SDCC-STRTP intends to employ family partners who can help bridge the gaps between families and providers, and provide genuine empathic support to families struggling to meet their child's needs.

Within San Diego County system of care, additional community-based services such as wraparound and full service partnership programs can be opened up to 90 days prior to the youth's planned discharge. This allows youth and families to begin more intensive home-based care and intensive care coordination while the youth completes STRTP treatment, better preparing the youth

and caregivers for the return home, and building a team that will stay with the youth and family post-ST RTP care. This collaborative approach increases support at the critical point of transition and aftercare to help stabilize the youth back in the community and home. Further, allowing for overlap of the ST RTP and community-based programs, ensures smoother transition of providers for the youth and family, avoiding abrupt terminations and “starting over” experiences. Additionally, per SDCC ST RTP contracted aftercare services and procedures, **SDCC-ST RTP mental health staff can continue to serve the youth up to 90 days post discharge to cover any possible gaps in service or extend the transition support to home-based focus.**

#### **Maintaining the Confidentiality & Privacy of Information and Documentation:**

As a Medi-Cal certified and Joint Commission accredited provider, San Diego Center for Children has developed policies and procedures to fully maintain the confidentiality and privacy of protected information and documentation throughout treatment and following discharge. Specifically, SDCC ensures this by the following:

- Strictly adhering to all applicable privacy and security regulations, including HIPAA, HITECH ACT, CA Medical Information Act, 42 CFR Part 2, and CA WIC.
- Requiring all SDCC staff be oriented to applicable privacy and security regulations, SDCC policies, and program protocols prior to handling any protected information.
- Requiring all staff to attend privacy and security training within 30 days of hire at SDCC’s New Hire Orientation and then a minimum of annually thereafter, which includes, but is not limited to:
  - An overview of the privacy and security guidelines and regulations relative to the protection of youth/family and facility information;
  - A review of SDCC’s privacy and security policies (e.g. the “minimum necessary” rule, governing the sharing of passwords and user ID codes, reporting of known or suspected incidents of unauthorized use or disclosures of PHI or facility information, proper procedures regarding release of client information, etc.)
  - The identity and location of SDCC’s HIPAA Privacy & Security Officers;
  - Other information relative to the protection and security of youth/family and facility information
- Regularly updating SDCC policies and procedures and training materials as information, technology, or regulation changes require.
- Notifying managers monthly and at least 60 days in advance of annual training expiration dates via SDCC’s *Overdue and Upcoming Training Report* produced by SDCC’s Quality Assurance (QA) Department. (Program Managers are responsible for communicating this information to their staff and ensuring their staff meets all training timeframe requirements.)
- Maintaining a system that ensures policies and procedures are developed, approved, and distributed in a timely manner.
- Conducting an annual security risk assessment to assess and identify potential risks and to develop the necessary controls to mitigate those risks.
- Designating a Privacy Officer and Security Officer to oversee all ongoing activities related to the development, implementation, and maintenance of SDCC’s privacy and security policies in accordance with applicable federal and state laws, and to receive any concerns or complaints regarding the confidentiality, privacy and security of youth/family or facility information and documentation and to conduct a thorough investigation per SDCC policy.
- Establishing a clear reporting procedure for breaches/violations/suspected breaches and ensuring all personnel feel free to report these types of incidents without fear of reprisal and understand that they have a duty to do so.



## **11. COMPLAINTS AND GRIEVANCES** [Reference: ILS § 87072.2]

***The facility shall develop, maintain and implement written complaint procedures by which children, nonminor dependents, or their authorized representatives are permitted to file complaints, without fear of retaliation, with the facility administrator regarding facility staff or operations.***

### **Describe how the STRTP will handle complaints and grievances:**

*The following is SDCC's policy regarding youth and/or family complaints and grievances:*

SDCC provides the most effective and therapeutic services possible to youth and their families. This requires a cooperative effort on the part of SDCC staff, youth, and families. It is expected that very few formal grievances will occur when cooperative and understanding relationships exist.

SDCC views complaints as opportunities for learning direct, helpful, and understanding ways to solve problems. If a youth, family member, or authorized representative has a complaint about services, the following procedures are encouraged without subjection to coercion, discrimination, reprisals, or interruption of the youth's treatment:

1. The youth or family with the complaint should talk directly with the person/s involved in the complaint. Program staff should offer help to the youth and/or family in this process.
2. If the problem is not resolved, the assigned Program Therapist and/or Program Manager should speak with the youth and/or family to plan a way to resolve the problem. In most cases, this step usually resolves the problem.
3. If the problem is not resolved, and/or understanding is not achieved, the Program Therapist and/or Program Manager should offer the youth and/or family the opportunity to file a formal grievance.
4. If a youth and/or family wish to file a formal grievance, a hearing will be conducted. The grievance will be taken to the next Quality Council or Clinical Standards and Initiatives Committee meeting for a decision with the meeting Chair acting as the facilitator. The youth and/or family will be invited to attend this meeting. Final decisions will be made in writing to the youth and/or family within three working days. All formal grievances and subsequent actions are reviewed by the Board of Directors and the CEO.
5. Youth can complain to any person or organization such as parents/guardians/authorized representative, Placing Agency Representatives, patient rights advocates, and/or SDCC staff members. SDCC staff will help youth locate and use a telephone or other means of communication. SDCC staff first encourages the above steps. The Vice President of Clinical Operations has the authority to skip to step four for youth in matters where treatment and/or youth safety will be compromised.
6. Following a formal hearing and receipt of the final decision, if a youth, family member, or authorized representative feels that their complaint has not been resolved to their satisfaction, they are welcome to contact:

#### **For SDCC STRTP services:**

California DSS / Community Care Licensing Division  
San Diego Local Unit  
7575 Metropolitan Drive, Suite 109, MS 29-06  
San Diego, CA 92108  
(619) 767-2300

#### **For all other SDCC services:**

Consumer Center for Health Education and Advocacy  
1764 San Diego Avenue, Suite 200  
San Diego CA 92110  
(877) 734-3258

### **Non-Minor Dependents**

In a situation where a NMD has a grievance and feels that all methods listed above have been exhausted, the NMD has the right to ultimately bring any issue before the court.

#### **11.1 How staff, children, and authorized representatives shall receive copies of such procedures.**

SDCC's grievance policy and grievance forms are available in Spanish and English, and are provided to youth, families and/or authorized representatives at the time of admission. The policy and forms are also available on SDCC's intranet and can be obtained at any time from any SDCC staff member. Copies of grievance forms are also maintained by administrative assistants and front lobby personnel. All staff are directed on how to access grievance forms and to provide copies to youth and/or families when requested.

#### **11.2 How children and their authorized representatives are informed of their rights and permitted to file complaints.**

A copy of SDCC's grievance policy is provided to, and reviewed with, parents/caregivers/authorized representatives upon a youth's admission. Additionally, the above grievance policy is available in "child-friendly" terms, which is provided to, and reviewed with, each youth at the time of admission. This information is written in a manner that is appropriate for the developmental age of SDCC youth. Signed acknowledgements of receipt and review of SDCC's grievance policy is obtained from youth and parents/caregivers/authorized representatives and filed in the youth's medical record.

**11.3 Include location in the facility where the procedures are accessible to children, nonminor dependents and their authorized representatives.**

SDCC grievance forms, and grievance forms within self-addressed envelopes to the Consumer Center for Health Education and Advocacy in San Diego County threshold languages, are clearly displayed and available to youth, NMDs, families, authorized representatives, placing agency representatives, etc. in all SDCC program lobbies. Youth in the program will be provided with child friendly versions and supported in completing and sharing any concerns.

**11.4 The process for providing a follow-up or feedback loop to communicate the action or inaction for the complaints and the rationale in a trauma informed and culturally relevant manner.**

Filed complaints are followed up on by the applicable SDCC Program Manager or designee. In response to any grievance brought to SDCC's Quality Council or Clinical Standards and Initiatives Committee, an action plan is developed, which takes cultural differences and past trauma into consideration for all parties to ensure no harm. The applicable SDCC Program Manager is responsible for implementing said action plan, communicating to the concerned parties, and providing the committee with feedback regarding the action plan's outcome.

## **12. PARTICIPATION AND ASSISTANCE IN INITIATIVES TO IMPROVE THE CHILD WELFARE SYSTEM**

*The Quality Parenting Initiative, in partnership with caregivers, aims to redesign child welfare organizations at the local level to better recruit, support and retain quality foster caregivers who can effectively parent vulnerable children and youth.*

**Provide:**

### **12.1 All policies, procedures, and rationale for participating and/or assisting with county/state initiatives such as the Quality Parent Initiative and the Quality Improvement Project to improve the child welfare system.**

It is the policy and practice that SDCC leadership across agency programs, including STRTP, will actively participate and assist with initiatives to improve the child welfare system through structured and informal interactions with local and state child welfare systems. It is our agency belief that as oldest provider of child welfare services in the San Diego region, it is our responsibility to be progress experts in the field and strong, productive partners with local and state public welfare agencies. Participation includes routine attendance at CWS-STRTP/group home contractor meetings, participation in the local Association of Foster Family Agencies, industry days, routine meetings with SDCC STRTP contracting monitors or CWS leadership. SDCC has been an active partner and early implementer with San Diego Child Welfare and Behavioral Health Services in the rollout and implementation of the Core Practice Model, Pathways to Wellbeing, and Child and Family Team facilitation. This has allowed SDCC staff to directly test and provide feedback on practices and guidelines of local implementation. SDCC will continue to partner with our local CWS leadership in any opportunities for QPI projects. Additionally, SDCC actively informs child welfare policy and practice through frequent participates in statewide workgroups, webinars, documentation review/comment, and other activities as a member organization of the California Alliance of Child and Family Services.

### **13. FAMILY VISITATION**

Describe the facility policy and rules regarding visitation to include the following, but is not limited to:

#### **13.1 When and under what circumstances children or nonminor dependents can be visited by family members, friends, and others.**

The SDCC STRTP has a well-developed visitor protocol (included at the end of Section 13) that explains the procedures for scheduling visits, passes, and appointments. The protocol is provided to, and reviewed with, parents/caregivers/authorized representatives at admission. The protocol is also posted in the SDCC STRTP Nursing Department station. The protocol is designed to encourage active family involvement, and to provide a welcoming and safe environment for family interactions. The SDCC STRTP maintains an open-door policy so families can participate in the program and youth can maintain important relationships outside of the program.

All campus visitors must sign in and out in the campus main lobby. To ensure a youth will be on grounds for a visit, the SDCC STRTP recommends visits be scheduled in advance with the youth's therapist. Visits are generally scheduled during informal activities in the evening and on weekends. Visiting during school and therapeutic activities is discouraged, unless such visits are consistent with treatment and transition goals and arranged in advance. At times, parent visitation is arranged during meal times, or as part of a youth's scheduled program routine, outings, or activities to assist in the implementation of the youth's Needs and Services Plan.

SDCC STRTP staff recognize that parents who have legal custody and guardianship of their child and placed the child in the program have the right to show up at any time if they request. However, parents/caregivers are strongly encouraged not to disrupt their child's educational and therapeutic groups.

The youth's Therapist identifies/determines legal and custodial factors in establishing visitation plans. In instances where the youth is a Ward or Dependent, the youth's authorized representative provides a list to the youth's Therapist regarding who is, and who is not, allowed to visit the youth; the youth's authorized representative also has responsibility and authority regarding authorization for visitation and telephone contact. Visitation by other family members must be approved by the youth's parent/caregiver/authorized representative.

#### **Non-Minor Dependents**

The same rules are applicable to NMDs. Any exceptions to the above stated rules regarding visits from family members, friends, or others are outlined for each NMD in their Shared Living Agreement.

#### **13.2 When and under what circumstances the child or nonminor dependent is permitted to have home visits with parents and/or relatives.**

#### **13.3 When and under what circumstances the child or nonminor dependent is permitted to have overnight visits with parents, relatives, family members, and friends.**

**Home visits and overnight passes** are pre-planned activities that must be scheduled in advance with the youth's Therapist. Home passes and overnight visits are pursued in accordance with the youth's current pass status (based on any current or recent safety risks), and their Needs and Services Plan or Treatment Plan. Pass goals and schedules are developed in conjoint sessions with the youth and parent/caregiver, with a focus on expectations, potential challenges, and use of coping skills. Usually, an offsite day pass for a short period of time will be expanded to longer periods and then to overnights as mastery of coping strategies increases. The treatment team/CFT, including the youth's parent/caregiver/authorized representative, must approve all visits and passes. For youth targeted for a shorter treatment stay and discharge to home or a home-like environment, a commitment to visitation is expected from the family as an integral intervention in treatment planning.

Parents/caregivers/authorized representatives must document a youth's pickup from, and return to, the SDCC STRTP by signing the youth out at initiation of the pass, and in upon their return at the Nursing Department station. To evaluate the success of home visits, families are asked to document any challenges, safety issues, and coping skills practiced while at home on a Therapeutic Pass Note (provided by the program in English and Spanish) and bring that form back to the program with their child. Passes are discussed and processed in family therapy sessions.

#### **Non-Minor Dependents**

The same rules are applicable to NMDs. Any exceptions to the above stated rules regarding home visits and overnight passes are outlined for each NMD in their Shared Living Agreement.

#### **13.4 Provide all policies, procedures, and rationale for visitation including permitted circumstances for family visitation to the certified parents or approved resource home, family home visits, overnight visits with parents and/or relatives while ensuring cultural relevancy.**

Policies and procedures regarding overnight visits with family are described above. Primary responsibility for determining rules around visitation and passes is determined by the courts and authorized representative for applicable youth. SDCC STRTP staff will support any decisions made by the court and authorized representative regarding visitation/passes for youth with their families. **Any**

**issues with family visits, including any violation, or potential violation, of the youth's personal rights, will be addressed by the CFT.** SDCC STRTP staff cannot ensure family visits (foster family or bio family) are culturally relevant and do not violate the youth's personal rights, but SDCC STRTP staff will ensure that any issues, including those related to safety, security, and cultural sensitivity are processed with the youth following each visit.

**13.5 How the STRTP will support visits for lesbian, gay, bisexual, transgender, queer/questioning, and gender expansive children and youth with adults who are affirming of their sexual orientation, gender identity, and gender expression regardless of their biological connection.**

SDCC STRTP cannot ensure that others in the youth's life will be accepting or affirming, or that youth will not be exposed to rejection based on their gender identity or expression, or sexual orientation. Rather, therapeutic modalities such as individual therapy and family therapy can focus on building understanding, reducing stigma, supporting resilience. Families and support persons will come with their own biases; therapeutic interactions can create opportunities to explore and challenge biases that may be rejecting of the youth, and build greater opportunities for affirmation. Youth will be provided with information, support and tools to develop self-esteem, advocacy, and personal empowerment in support of their gender and sexual development.

Additionally, LGBTQ and gender expansive youth are connected to LGBTQ Community Centers for affirmation and support groups. The SDCC STRTP provides transportation to these Centers as needed.

**13.6 How the STRTP will ensure the lesbian, gay, bisexual, transgender, queer/questioning, and gender expansive children and youth will not be exposed to rejection with those they visit. If the adults who are visiting these children and youth are not affirming, detail how the STRTP will work and educate those on lesbian, gay, bisexual, transgender, and queer/questioning, sexual orientation, gender identity, and gender expression.**

SDCC STRTP Therapists take an active role in family therapy through psychoeducation, providing information about resources, and the exploration of how biases related to LGBTQ can have a negative impact on a youth's progress and wellbeing. However, these efforts can't ensure adults in the youth's life will be accepting or affirming, or that youth will not be exposed to rejection based on their gender identity or expression, or sexual orientation. Rather, therapeutic modalities such as individual therapy and family therapy can focus on building understanding, reducing stigma, supporting resilience. Families and support persons will come with their own biases; therapeutic interactions can create opportunities to explore and challenge biases that may be rejecting of the youth, and build greater opportunities for affirmation. Youth will be provided with information, support and tools to develop self-esteem, advocacy, and personal empowerment in support of their gender and sexual development.

**13.7 How the STRTP will ensure the safety and security of commercially sexually exploited children or youth when visiting family and friends.**

As noted above, all visits and passes are established in alignment with treatment goals and/or NSP, via treatment teams/CFTs. Safety is the primary concern in granting visits and passes, while ensuring youths' rights are respected. The granting of visits and passes is sequential and based on treatment goals and progress. Specific goals may be developed to increase youth safety and decrease risky behavior. CFTs may develop recommendations regarding safe/supporting vs. risky/harmful social contacts to establish more clear and healthy boundaries for CSEC youth. Input from youth and family, along with CWS and Probation with help inform planning for visits and passes. Pass planning and goal setting will help create structure, supervision, and expectations to increase youth safety.

**13.8 Under what circumstances other types of visits are or are not permitted.**

Visits and passes are not permitted when the safety of youth and/or visitors is in jeopardy. Safety issues which prevent visitation include situations where violence, or the immediate threat of violence, exists in the SDCC STRTP requiring staff to re-establish safety and control, or a family visit which is destructive and seems to be deteriorating into violence. A youth who is in crisis and escalated is not permitted to have visitors or leave the facility on pass. In these situations, the youth's therapist discusses the reason for the canceled visit/pass with the parent/caregiver/authorized representative, and reschedules as appropriate.

For Dependents and Wards, visits are not permitted when there is a documented court order which prevents a parent or any other individual from visiting the youth. SDCC communicates all court orders which prohibit or limit contact with youth to the youth's treatment staff and to staff who operate the campus main lobby. Additionally, visits are not permitted for Dependents and Wards without approval from the youth's authorized representative.

Visits with youth onsite or offsite (passes) will never be prohibited or canceled as a form of punishment.

**Non-Minor Dependents**

The same rules are applicable to NMDs. Any exceptions to the above stated rules regarding the circumstances under which a visit may be prohibited are outlined for each NMD in their Shared Living Agreement.

*The following protocol is not applicable to SDCC employees, Board of Directors, regulatory agency representatives (e.g. CCL), and student interns. For vendors and contractors, please refer to pg. 3 of this document.*

---

**Campus Access Protocol for All Visitors**

---

**Visitor:** An individual not employed by, or under contractual agreement with, SDCC. Visitors may include, but are not limited to: volunteers, parents/caregivers, family members, mentors, advocates, educational representatives, external trainers, etc.

While we encourage and welcome visitors on campus for a variety of reasons, safety and security are priorities. Therefore, we have protocols to maintain them and to best serve our youth and their families and caregivers. We welcome questions and comments regarding your experience, which can be directed to the manager of the program or department you are visiting.

**Campus Entrance, Exit, and Escorts**

- Visitors must enter and exit campus through our lobby, which is open 8am-5pm, 7 days per week.
- We hope you find the lobby to be a comfortable and welcoming space.
- Upon your arrival, staff will check the visitor calendar, which can be done through the call keypad or at reception.
- While on campus, **all visitors must be escorted by staff.**

**Visible Identification is Required for All Persons on Campus**

- All persons on campus must wear identifying credentials.
- Visitors are issued stickers indicating they have been cleared to be on campus.
- The sticker should be placed in an area that is clearly visible to others.
- If you are on campus and do not have a sticker, our staff will escort you to nursing or reception for clearance.

**Scheduled Campus Visits when the Front Entrance Gate is Open (7am-5pm, Mon-Fri)**

1. Our receptionist is here 8am-5pm, Mon-Fri. Upon your arrival, the receptionist will notify the program or department you are visiting and a staff member will come to the lobby to meet you.
2. Visitors arriving between 7am-8am, Mon-Fri, will need to use the call pad outside the lobby to gain campus entrance.
3. All visitors must sign-in upon arrival and get a visitor sticker.
4. Volunteers should sign the visitor log and a volunteer log.
5. All visitors must sign-out prior to departure.

**Scheduled Campus Visits when the Front Entrance Gate is Closed (holidays, weekdays 5pm-7am, and on weekends)**

1. From the front entrance, call on the keypad (push "A" for a dial tone, then push the "call" button).
2. The staff member who answers will verify your visit on the calendar and buzz you in.
  - Please note the keypad is monitored by cameras; and if your visit is not on the calendar, there will be a delay in allowing campus entrance.
3. After you have been allowed entrance, please park in visitor parking and proceed to the lobby, where you will need to sign in and sign out before leaving
4. SDCC staff will notify the program/department you are visiting and a staff member will come to the lobby to meet you and escort you to the necessary location for your visit.
5. You will be provided a visitor sticker by a staff member of the program you are visiting after hours.
6. For Residential Programs, campus access is based on information we have regarding allowed contact with youth. For more information regarding Residential Programs, please refer to the following page.

**Calling San Diego Center for Children**

If you receive voicemail, please leave a message. If received during business hours, reception calls will be returned within 2 hours. Nursing also returns calls within 2 hours 24/7.

SDCC Lobby & Reception Desk

Open Mon-Fri, 8am-5pm, 858-277-9550

Residential Nursing Stations

Hours: 24 hrs./7 days a week, 858-569-3925

**Pets**

Only service animals and certified pet therapy animals are allowed on campus. There is a dog park directly across the street from our campus you can utilize when open.

We ask for your patience and understanding in our security protocols. We receive a high volume of visitors daily and the safety of our youth is of the utmost importance to us.

- Once in the lobby and following sign-in, all Residential visitors will be escorted by staff to one of our nursing stations.
- Out of consideration and respect to the youth who live here, we ask that all visitors wait at nursing or in the lobby. We have found this causes the least disruption in our structured and therapeutic environment, and we appreciate your cooperation.

### **Scheduling Visits, Passes and Appointments**

It is important that all passes and visits be planned for and coordinated with therapeutic consideration of treatment goals and safety planning. Therefore:

- Weekend passes (off campus visits) must be requested/arranged with your child's therapist by 5pm the Wednesday prior.
- Weekday visits, passes, or appointments must be requested/arranged with your child's therapist at least 24 hours prior, and within the business day (M-F, 9am-5pm) prior, to the visit, pass, or appointment. For example:
  - a visit for 3pm on a Monday should be scheduled no later than 3pm the Friday before; and
  - a visit after business hours should be scheduled the day before, no later than by the close of business (5pm).
- Holiday visits and passes may require more advanced notice.

### **Unscheduled Visits and Visit Cancellation**

- For reasons stated above, if you arrive on campus and want to take your child on pass without prior arrangements with the therapist, your pass will be denied. However, you will be able to visit the youth on campus
- You should check-in with the therapist immediately prior to your visit if you have questions or concerns regarding the youth's safety. A visit may be cancelled for safety reasons by staff or caregivers. Staff will cancel a visit if they have concerns regarding the youth's ability to maintain safety.

**In addition to the steps listed on pg. 1, the following steps should be taken for all Residential youth visits:**

1. **For drop offs:** Your assigned therapist should be notified prior to the day and time you plan to return the youth so your name can be placed on the calendar and your entrance to the campus will not be delayed.
2. Please collaborate with your assigned therapist to plan around your child's therapeutic activities and events. Treatment hours begin after school and end at bedtime (M-F), and these hours focus on building social and coping skills, improving emotional regulation, and increasing self-esteem. Therefore, we ask that you encourage your child to participate.
3. Check in with the therapist or staff just before you meet with the youth to:
  - ask about their week/day and whether they are stable/safe enough to go off grounds;
  - discuss what would be an appropriate activity for your visit given this feedback (for example, if they had a rough week you may want to stay away from outings considered a reward or privilege and focus more on just spending time together); and
  - ask for feedback on interventions that are working and successes they had to build on during your time together.
4. Sign in at the nursing department when you arrive and sign out when you leave. Do not go directly to the unit upon arrival.
5. Our nursing department will notify unit staff of your arrival and arrange bringing the youth to you.
6. If you are checking your child out to leave campus with you, please be sure to remember any medications or other items the youth will need while on pass.
7. We encourage you to share a meal with your child, however, please do not send food back to campus with your child.
8. If you have something to give the youth, especially money, please check it in with staff to keep it in a safe location and do not give it directly to the youth.
9. Plan (pre-teach) for the visit with the youth:
  - let the youth know the length of the visit;
  - pick an activity and plan where you will visit; and
  - if on grounds, ask for a Shift Supervisor to help you identify an available location.
10. Pass approval status and/or treatment team/CFT recommendations regarding passes will be included on all treatment team/CFT notes/documentation and communicated to treatment team/CFT members.

### **Other Important Tips**

- Stick with the plan you made with the youth for your visit.
- Please remember that counselors are here to provide a therapeutic milieu and they are often very busy with keeping the youth safe and on task. If you have a question or need something from the unit, please be patient with staff until they are available.
- It is very important to keep in mind the treatment team/CFT concept and work with the staff to solve any problems in an appropriate manner. If you have a conflict or issue with how something has happened, please ask to speak with your child's therapist or call back to speak with him/her after your visit. If that's not possible, you can ask to speak with a program manager.

## Campus Access Protocol for Vendors/Contractors

*The following protocol is not applicable to independent contractors who have been fingerprinted and received criminal background clearance per SDCC's Human Resources-Independent Contractor/Consultant Requirements Policy.*

A vendor/contractor is an individual, or group of individuals, who may be working independently or on behalf of a company or organization, who have entered into a contractual agreement with SDCC to provide goods and/or services (per a mutually agreed upon and approved Statement of Work) for payment and for a specified period. Vendors/Contractors may include, but are not limited to: landscapers, housekeepers, maintenance workers, shredder service personnel, record storage personnel, etc.

### Visible Identification is Required for All Persons on Campus

- All persons on campus must wear identifying credentials (e.g. SDCC employee badge, SDCC vendor/contractor sticker, or SDCC visitor sticker).
- All Vendors/Contractors will be issued an SDCC vendor/contractor sticker indicating they have been cleared to be on campus.
- If an individual on campus does not appear to be wearing an SDCC badge or applicable sticker, SDCC staff have been instructed to help that person get to reception for clearance.

***To avoid delays, staff must add all vendor/contractor visits to SDCC's "visitor calendar" prior to the visit. If staff are not sure how to do this, they should contact IT or ask a colleague.***

### Campus Access when the Front Entrance Gate is Open (7am-5pm, Mon-Fri)

1. Any additional arrangements regarding a vendor's/contractor's visit should be made with the staff member who ordered/contracted the service prior to the vendor's/contractor's visit to avoid delays.
  - If the vendor/contractor is unsure of the staff member who arranged their service, they can call reception at 858-277-9550 from 8am-5pm, Mon-Fri.
2. Reception will maintain a list of approved (by Senior Staff members only) vendors/contractors to whom a card key may be issued, which will allow temporary campus access for the vendor/contractor to provide their service.
  - Only SDCC Reception will have access to the temporary card key, and therefore it cannot be provided to vendors/contractors arriving when Reception is closed.
3. If a vendor/contractor is not on the approved list, reception should contact the staff member who ordered/contracted the service (as indicated on the visitor calendar) to escort the vendor/contractor while they are on campus.
4. Vendors/Contractors arriving between 7am-8am will need to use the call pad outside the lobby to gain campus entrance.
5. If a vendor/contractor requires vehicle entrance through the internal gates, this should be prearranged with the staff member who ordered/contracted the service.
6. All vendors/contractors must sign-in on the visitor log located in the lobby upon arrival.
7. Reception must issue all vendors/contractors an SDCC vendor/contractor sticker; If the vendor/contractor arrives between 7am and 8am, stickers will be issued by the staff member who ordered or contracted the service.
8. Vendors/Contractors must sign-out in the lobby prior to departure and, if applicable, return the temporary card key to reception. If not returned, the card key will be deactivated, and the vendor/contractor may be charged for its replacement.

### Campus Access when the Front Entrance Gate is Closed (Mon-Fri from 5pm-7am, Saturdays, Sundays, and Holidays)

1. From the front entrance, the vendor/contractor should call using the keypad and by pushing "A" for the dial tone, then pushing the "call" button.
2. The SDCC staff member who answers must verify the vendor's/contractor's visit on the calendar and, if verified, buzz the vendor/contractor in. If the vendor's/contractor's visit is not on the calendar, the vendor/contractor should remain outside the front entrance gate until a staff member can be located to verify their visit, which will cause a delay.
3. The SDCC staff member receiving the call will notify the staff member who ordered or contracted the service (as indicated on the visitor calendar) to meet the vendor/contractor in the lobby and, if applicable, escort them while on campus.
7. Vendors/Contractors should park in visitor parking and proceed to the lobby, where they will need to sign in on the visitor log and sign out before leaving.
8. If the vendor/contractor requires vehicle entrance through the internal gates, this should be prearranged and handled by the staff member who ordered or contracted the service.
9. Vendors/Contractors arriving outside of business hours will be provided an SDCC vendor/contractor sticker by the staff member who ordered or contracted the service.



#### **14. CHILDREN AND NONMINOR DEPENDENTS PERSONAL RIGHTS** [Reference: ILS § 87022.1, 88487.8]

The facility shall provide a description of how they will ensure the protection of the children and NMDs' personal rights.

Describe in detail the following:

##### **14.1 Policies and procedures for promoting and ensuring the personal rights of children and nonminor dependents.**

The SDCC STRTP utilizes form LIC 613B Personal Rights-Children's Residential Facilities (which includes a complete list of the youth's personal rights and the agencies the youth can contact concerning any violations of their rights and/or other complaints) to inform youth and their parents/caregivers/authorized representative of the youth's personal rights at the time of intake. The LIC 613B is reviewed by the SDCC STRTP Intake Department staff with the youth and their parents/caregivers/authorized representative in a way each can understand (i.e. pictures, applicable translation, etc.). Signatures are obtained on the LIC 613B from the youth and their parents/caregivers/authorized representative indicating they have been advised of the youth's personal rights and they have all received a copy. The signed LIC 613B is filed in the youth's medical record.

SDCC STRTP staff receive training on the personal rights of youth, including rights specific to NMDs, during staff orientation. SDCC STRTP staff ensure each youth is accorded their personal rights specified in the Welfare and Institutions Code section 16001.9(a) and California Code of Regulations, Title 22, Division 6. The youth's assigned Therapist and SDCC STRTP Supervisors and Counselors use daily and/or weekly meetings with the youth to ensure their personal rights are afforded and respected.

In addition to the LIC 613B Personal Rights-Children's Residential Facilities, SDCC has also established and ensures all staff adhere to the following policy on youth and family rights. The information in the following policy is reviewed with all staff in SDCC's New Hire Orientation and is provided to youth and families at the time of admission.

##### **Subject: Youth & Family Rights - General Policy**

**Policy Statement:** It is the policy of San Diego Center for Children to safeguard the legal and civil rights of the families and youth in care and to comply with the Americans with Disabilities Act (ADA) of 1990.

**Procedure:** SDCC respects each youth's and family's rights to privacy. Each youth shall have impartial access to treatment, regardless of Race, Religion, Gender/Gender Identity, Sexual Orientation, Ethnicity, and Emotional or Physical Handicap. The personal dignity as well as cultural and personal values, beliefs, and preferences of all youth and families are recognized and respected with an individualized treatment approach. Each youth and family will be informed of their rights. If a youth or family member is disoriented or lacks the capacity to understand their rights at the time of intake, s/he will be informed again when s/he is able to understand.

Should a youth or family member feel that they have been discriminated against due to their disability, they may file a complaint with the Disability Rights Section (DRS) in the Department of Justice by calling 1-800-514-0301 (voice) or by email at [ADA.complaint@usdoj.gov](mailto:ADA.complaint@usdoj.gov). Individuals who are deaf, have hearing loss, or have speech disabilities may submit complaints using the DRS TTY line, 1-800-514-0383.

**Right to Receive Information in a Manner the Youth/Family Understands:** If needed, SDCC utilizes Interpreters Unlimited to provide language interpreter/translation services, including American Sign Language. For more information regarding interpreter services, please refer to Policy D.2.

**Right to be Free from Neglect, Exploitation, and Abuse:** SDCC protects each youth from neglect, exploitation, and abuse. Each SDCC employee and contracted consultant must follow the State of California rules and regulations in reporting suspected Child Abuse. The protocol is clearly stated in the Employee Manual. Additional training regarding CPS reporting procedures is made available to staff. Including the parent in the Child Protective Service referral is a decision that depends on the circumstances surrounding the incident and involves the Program Manager/Director.

##### **Right to be Free from Discrimination based on Sex, Sexual Orientation, or Gender Identity:**

It is the responsibility SDCC to ensure that transgender and gender nonconforming youth have a safe treatment environment. This includes ensuring that any incident of discrimination, harassment, or violence is given immediate attention, including investigating the incident, taking appropriate corrective action, and providing youth and staff with appropriate resources. Complaints alleging discrimination or harassment based on a person's actual or perceived transgender status or gender nonconformity are to be handled in the same manner as other discrimination or harassment complaints.

- Transgender and gender nonconforming youth have the right to dress in a manner consistent with their gender identity or gender expression.
- Transgender and gender nonconforming youth shall be permitted to participate in athletics in a manner consistent with their gender identity.
- Youth shall have access to the restroom that corresponds to their gender identity.
- In situations where youth are segregated by gender, such as for health education classes, youth should be included in the group that corresponds to their gender identity.
- Youth have the right to be addressed by a name and pronoun that corresponds to the youth's gender identity. A court-ordered name, gender change, or parent/guardian approval is not required, and the youth need not change his or her official records.

The intentional or persistent refusal to respect a youth's gender identity (e.g., intentionally referring to the youth by a name or pronoun that does not correspond to the youth's gender identity) is a violation of this policy and will be grounds for disciplinary action.

**Right to an Appropriate Pain Assessment and Management:** Because unrelieved pain can have adverse physical and psychological effects, SDCC recognizes the right of youth to receive an appropriate assessment and management of pain. Complaints of current and/or chronic pain will be screened for at the time of admission and documented. If pain is identified, the child may be treated by the nursing department or referred elsewhere for treatment.

**Right to Program Information:** Youth and families are provided with a program handbook at the time of intake to all SDCC programs. The type of information contained within each handbook includes, but is not limited to, a description of services to be provided, the rules and expectations of the program, program calendars, emergency intervention plans, medical emergency response, staff names and contact information, applicable program policies and procedures, and SDCC's grievance policy.

**Right to Treatment Planning Involvement:** The youth and family are encouraged to participate in planning, implementation, and periodic reviews of the treatment plan. The youth's and their family's opinions and recommendations are valued and utilized to bring about the most meaningful and effective treatment possible and in the least restrictive environment. Goals and expectations of treatment are discussed in terms that all can understand. The specific nature of treatment and any risks involved, especially when any potentially hazardous medication and procedure is contemplated, is explained. When significant alternatives for treatment exist, or when the youth or family requests information regarding alternatives, such information is provided.

In situations where the family is unavailable or will not assist with the needs of the youth, SDCC may work with one of the following to assist in developing representation for the youth: County Behavioral Health, HHSA Representative, CASA, the Regional Center Services Coordinator, Probation Officer, the youth's attorney, or etc.

For school-based treatment programs, contractual limitations exist regarding treatment planning and the identification of treatment goals. The focus of treatment for each student is their IEP, which is developed by the student's home school district. SDCC provides treatment recommendations to the IEP Team based on input from the student and their family.

**Right to Attorney:** Any family has the right to secure the services of an attorney as an advocate on their own behalf. Such right shall be made known to the family.

**Right to Advocacy Services:** All youth and parents/caregivers are informed at the time of intake regarding their right to contact an advocate at any time during the youth's treatment. If a youth or parent/caregiver requests an opportunity to contact an advocate, they will be supplied with access to a phone and the phone number to the Patients' Rights Advocacy Office of San Diego County. No SDCC employee shall in any manner penalize or punish a youth who chooses to contact an advocate. When a youth or parent/caregiver chooses to contact an advocate, program staff will suggest processing the issue with their therapist/social worker or utilizing SDCC's internal grievance process, although it shall be made clear that they are in no way required to do this. For more information on SDCC's grievance process for youth and families, please refer to Policy B.2.

**Parental Rights Regarding Wards of the Court:** The assessment and the treatment plan shall clarify how the program will meet the needs of the youth, the youth's parents, the youth's legal guardians, and the Juvenile Court. The specific rights when limited in scope (i.e. limited visitation or mandated treatment) of these individuals shall be summarized in the initial assessment and will be documented in the youth's medical record. This documentation will be an official document limiting rights such as a court order or minute order. SDCC will comply with all court orders.

**Right to a Consultant's Opinion and Internal Review:** Every youth and parent/caregiver has the right to ask questions about treatment, and to request an internal review of the youth's treatment plan. SDCC welcomes second opinions, and one can be obtained at no cost from a consultant affiliated with SDCC.

**Right of an Adolescent vs. Parental Responsibility:** The adolescent is protected by Federal Mandates and regulations concerning sensitive issues. These include: sexually transmitted disease, pregnancy, sexual activity, substance abuse and the request for confidential therapy or counseling. The rights of the adolescent must be honored with every attempt to assist the adolescent in utilizing resources available to him/her. When it is in the best interests of the adolescent to raise issues to their family to elicit support, the therapist/social worker will facilitate this communication without compromising Federal Mandates that offer protection and confidentiality for sensitive issues of adolescence.

**Confidentiality and Privacy Rights:** Youth and their families have the right to privacy and confidentiality, which includes the protection of clinical records from improper disclosure. All information communicated by the youth or family shall be respected and safeguarded. SDCC shall safeguard clinical records against loss, defacement, tampering or use by unauthorized persons. SDCC shall also keep all clinical information and communications among staff and youth confidential. Except as required by law, written consent of the youth or duly authorized guardian is required for the release of clinical information.

For a complete list of health privacy rights, including youth access, amendment requests, and an accounting of disclosures, please refer SDCC's Notice of Privacy Practices, which is provided to each youth and family at the time of intake.

**Program/Facility Visitation:** Any group, individual or external group/agency who wishes to visit a SDCC program, must have prior authorization. Programs shall be informed in advance of such visits. Youth/family information is never to be discussed with visitors.

**Right to Service Costs:** Youth and parents/caregivers have the right to request an itemized list containing service costs. In addition, all sources of SDCC reimbursements and donations are available upon appropriate request.

**Right to Refuse Services:** SDCC respects the right of the youth or parent/caregiver to refuse treatment in accordance with law and regulation. In these instances, SDCC fully informs the youth or parent/caregiver about our responsibility, in accordance with professional standards, to terminate the treatment relationship upon reasonable notice, or to seek orders for involuntary treatment, or other legal alternatives. Should a parent/caregiver wish to remove their child from a SDCC program against the advice of the Psychiatrist, treatment team, and SDCC administration, they must sign an Against Medical Advice (AMA) Discharge Form, releasing SDCC from any ill effects that could result.

**14.2 The plan to have the Foster Youth Bill of Rights and information about the Foster Care Ombudsperson always fully visibly posted without obstructions in areas accessible to children/NMD and visitors in the facility.**

Foster Youth Bill of Rights and information about Foster Care Ombudsperson are always fully visibly posted without obstructions in areas accessible to youth and visitors, which includes facility lobbies and at the Nurses' station. A copy is also posted in each youth's room.

**14.3 The procedures to discuss personal rights upon intake.**

As stated above, personal rights are addressed verbally, provided in writing, and signed off on upon the youth's intake to the SDCC STRTP, and documentation of this is filed in the youth's medical record.

**14.4 Established procedures to periodically check-in with children/NMD to remind them of their personal rights.**

As stated above, each youth's assigned Therapist and SDCC STRTP Supervisors and Counselors use daily and/or weekly meetings with youth to ensure their personal rights are afforded and respected. Regular treatment team/CFT meetings also provide an opportunity to address any questions or concerns about the youth's personal rights and/or serve as reminders of their personal rights.

**14.5 How children, nonminor dependents, families, and authorized representatives will be advised of personal rights as well as ability to file complaints.**

As stated above, personal rights are addressed verbally, provided in writing, and signed off on upon the youth's intake to the SDCC STRTP. The youth's personal rights are also reviewed any time there is questions about rights related issues (forum for this can be during staff meetings with youth/NMDs and families or at treatment team/CFT meetings).

Anyone has the right to file informal or formal complaints if they believe a youth's personal rights have been violated. The complaint and grievance procedure is reviewed with the youth, parents/caregivers, and authorized representatives upon intake, and it is outlined in Section 11 of the Program Statement (Complaints and Grievances).

## **15. HOUSE RULES FOR CHILDREN/NONMINOR DEPENDENTS**

Upon admission, the SDCC STRTP provides youth admitted to the program with a culturally relative, trauma-informed, and developmentally appropriate handbook that discusses all program rules, including those on smoking, the dress code, laundry, chores, and various other rules and guidelines.

**Specify other house rules, to include, but are not limited to:**

### **15.1 Curfew**

The SDCC STRTP operates a behavioral system, and bedtime is determined by the youth's behavior and reasonable prudent parenting. Bedtime is also dependent on the youth's age. The most recent recommendations regarding the amount of sleep for pediatric populations from the Journal of Clinical Sleep Medicine are: 9-12 hours of sleep for children 6-12 years of age, and 8-10 hours of sleep for adolescents 13-18 years of age. Therefore, during the week, children are expected to be in their room getting ready to go to sleep by 8:30pm and adolescents by 9:00pm. Youth are allowed an additional 15 minutes prior to their assigned bedtime to have lights on and read or relax in their room. It is important to get to bed on time to be well rested and ready for the next day. Youth are expected to remain in their room after lights are out to ensure a peaceful night's sleep for all residents. On weeknights, lights out for all children is at 9pm and at 9:30pm for all adolescents. On weekends, lights out for all children is at 10pm and at 10:30pm for all adolescents. Youth who require or request more sleep time will have earlier bedtimes to meet their individual sleep needs.

### **15.2 Dating**

While at the SDCC STRTP, youth should be focused on treatment and recovery. For this reason, dating and/or sexual relationships between youth at the SDCC STRTP is not allowed. Youth are provided with many opportunities to discuss forming and maintaining positive relationships, but the time spent at the SDCC STRTP is the time to focus on themselves, their family, and preparing for their transition and future. For youth who may have dating relationships outside of the residential program, oversight is at the discretion of the parent/guardian.

### **15.3 Completing homework**

Youth are responsible for bringing homework to their unit/cottage at the end of each school day. SDCC STRTP staff communicate regularly with teachers to ensure all homework assignments are being completed and turned in by youth. Time is allotted for youth after school to complete homework and Counselors are available to help if needed. Before going on any outings, youth need to have a Counselor sign off that his/her homework was completed.

### **15.4 Cleaning bedrooms, laundry, and other areas**

#### Cleaning

Youth are responsible for the upkeep of their units/cottages and bedrooms. Each youth has a bedroom-cleaning checklist that s/he is responsible for completing. Youth are also expected to assist with bathroom cleaning as appropriate. Each youth is assigned a weekly chore, which is posted on the chore information board in each unit/cottage. Cleaning and chores must be completed before other activities can begin.

Defacing property (e.g. graffiti) is not permitted, and youth who choose to deface property are responsible for restoring the property back to its original condition and are given appropriate consequences.

#### Laundry

Laundry tasks are developmentally appropriate life skills tasks that are taught, and supported as needed, by Counselors.

### **15.5 Use of entertainment equipment**

The adolescent units at the SDCC STRTP have televisions, game systems and DVD players for youth to use. For children and preteens, televisions, game systems, and other electronics are available to use for special occasions. A telephone is available in each unit/cottage for youth to use.

Youth may also bring entertainment equipment to the program, which must be approved at the time of admission. However, any approved entertainment equipment with internet capabilities will have that function temporarily disabled by SDCC's IT Department. Personal cell phones and/or cameras are not permitted. Entertainment equipment may be used during leisure time and as a privilege, and it may only be used with staff permission. Youth are discouraged from bringing overly expensive items, or items with sentimental value, to the program.

If a youth needs to access to a computer or the internet for homework, the SDCC STRTP has a computer lab available to youth with staff permission and constant supervision. SDCC has a heavily restricted Wi-Fi network available for youth to use when permitted to do so. All other SDCC Wi-Fi networks are password protected and those passwords are not provided to youth.

The primary purpose of staying at the SDCC STRTP is to focus on treatment and recovery. This means the use of entertainment equipment is secondary to participating in scheduled activities and therapy groups. Therefore, any/all entertainment equipment may be used only with staff permission, and if applicable, volume is to be kept at a reasonable level to help maintain a calm atmosphere.

Youth may listen to any music of their choice except for those with a parental advisory label or if staff determines it is inappropriate based on the lyrics. Youth may listen to music in their rooms with staff permission. Youth may also choose to listen to music privately if it does not interfere with activities or therapy groups.

### **15.6 Dress code**

Youth are encouraged to express themselves and their culture regarding dress. However, the following is not allowed:

- clothing that depicts violence, contains obscenities, is sexually provocative, endorses the use of alcohol, drugs, tobacco, and/or is gang related
- clothing that does not appropriately cover the body
- clothing or shoes with chains, spikes, or metal studs
- heels over 2 inches; Heels less than 2 inches may be allowed as appropriate based on the youth's age

Clothing should be clean, tactful, and age appropriate. Undergarments must always be worn and should not be visible. Parents/guardians/authorized representatives will be asked to take any questionable clothing home.

Youth are required to wear underwear, pants/shorts/skirts, shirts, socks and shoes when outside and/or in common areas. At bedtime, pajamas with a robe or sweat pants with a t-shirt, and slippers or socks are required.

Children and preteens are discouraged from wearing heavy makeup. However, lip gloss, nail polish, and clear mascara is allowed.

Youth will not be allowed to receive any body piercing, tattoos, or bandings during their stay.

Transgender and gender nonconforming youth have the right to dress in a manner consistent with their gender identity or gender expression.

### **15.7 General prohibited behaviors**

General prohibited behaviors include unauthorized drug/alcohol use, sexual activity, physical violence, gang related activity, and destruction of property.

#### ***Other:***

- |  |   |
|--|---|
| 1. Be respectful of others' space and property; ask permission before touching someone else's things.                | 7. Comply with program decisions; accepting explanations demonstrates responsibility.                             |
| 2. Use appropriate language and voice tones.   | 8. Settle disagreements in a mature manner.   |
| 3. Be honest; telling the truth will earn you trust and respect.   | 9. Always keep bedroom doors open.  |
| 4. Respect the conversations of others; be patient; and say, "excuse me".  | 10. Do not enter anyone's room or doorway.  |
| 5. Be safe: keep hands and feet yourself; no horse playing; and no threatening to hurt or hurting of self or others. | 11. Always stay in designated areas.  |
| 6. Be safe: do not keep dangerous items in your possession; give them to staff.                                      | 12. No food or drinks are allowed in the bedrooms; food must be consumed in the kitchen area.                     |
|  | 13. Be sure to clean up after yourself.   |
|  | 14. At meal times, have appropriate conversation and table manners, and be respectful of those eating around you. |

#### **Restricted Items**

For the safety and protection of everyone, items that are weapons, or that may be used as weapons, are not permitted. Any item used as a weapon will be taken away and only returned with the permission of a Lead Counselor. There are also other items that are not allowed in the facility to maintain a safe environment for you. If you have questions about what is and is not permitted in the facility, please refer to the Contraband List provided to you at the time of your admission.

In addition to any items mentioned above, the following items are also prohibited in the SDCC STRTP:

- |                                     |   |                                   |
|-------------------------------------|---|-----------------------------------|
| • Aerosol Cans                      | • Lighters/Matches                        | • Razors/Razor blades             |
| • Alcohol/Drugs                     | • Nail files (metal)                      | • Studded jewelry and accessories |
| • Electronics with detachable cords | • Pencil sharpeners with removable blades | • Unlabeled products              |
| • Glass containers                  |   | • Weapons of any kind             |

The following items may be used by the youth under staff supervision. These items are NOT to be kept in the youth's room:

- |                    |                           |                       |                    |
|--------------------|---------------------------|-----------------------|--------------------|
| • Batteries        | • Hairspray/Hair products | • Mouthwash           | • Personal mirrors |
| • Curling irons    | • Hair straighteners      | • Nail Clippers       | • Scissors         |
| • Electric razors  | • Knitting needles        | • Nail polish         | • Sharpie markers  |
| • Extra shoe laces | • Makeup                  | • Nail polish remover | • Tweezers         |

### Non-Minor Dependents

The rules stated above also apply to NMDs. Exceptions to these rules would only be made in consultation with the CFT and to allow for increased responsibility based on the developmental needs of the non-minor dependent. Any exceptions will be clearly outlined in the NMD's individualized Shared Living Agreement (SLA), and may include the following: curfew; informing SDCC STRTP staff of school and/or work schedules; smoking; use of an automobile; work, and/or continuing education, performance; drug and alcohol use; conflict resolution; etc.

#### **15.8 Use of cell phones, computers, tablets, etc.**

The rules are the same for cell phones, computers, tablets, etc. as they are for all entertainment equipment, which is detailed above in Section 15.5: "Use of Entertainment Equipment".

## 16. STORAGE OF MEDICATIONS

Describe the facilities procedures for:

### **16.1 Handling, storing, and assisting children and nonminor dependents with self-administration of medications.**

#### Handling Medications

Obtaining Prescribed Medications:

SDCC safely obtains prescribed medication to meet the needs of the youth served.

- The SDCC STRTP utilizes Medicine Care Pharmacy Services which deliver all medications on an as needed and daily basis.
- Medicine Care Pharmacy Services regular hours of operation are Mon-Fri from 9am-8pm and Sat-Sun from 10am-3pm. If urgent medication is needed outside of the pharmacy's regular hours of operation, they have a 24-hour crisis line.
- All new medication orders are to be received and available prior to the first dose being administered.
- Upon receipt of the medication from the pharmacy, the receiving staff verifies the medication delivered matches the pharmacy-generated Centrally Stored Medication and Destruction Record and the physician's or PNP's order.
- The pharmacy-generated Centrally Stored Medication and Destruction Record is then filed in the Centrally Stored Medication Binder in the nursing office and kept for five (5) years.
- All medication received is verified by the SDCC STRTP Nursing Department to ensure it is appropriately labeled and the Impression/Description of the pill matches the medication received.
- The Integrity of the medication is inspected upon arrival.
- If the medication arrives and is not properly labeled or is missing a label or information, it is sent back to the pharmacy to be corrected.
- Medications are prescribed for a 30day supply with the following exceptions:
  - Any PRN medications; including inhalers, creams, nasal sprays, etc. These medications are ordered in a sufficient quantity and dispensed in a single container or bubble pack.
  - Antibiotics and other medications prescribed for less than 30 days in duration are ordered in quantity needed or length of time ordered.
  - House supply medication

Medications brought into SDCC are not to be administered unless:

- The medication can be absolutely identified by a Medication Technician, Nurse or Physician.
- The authorized responsible Physician or PNP writes orders to administer the medication.
- The medications are properly labeled and packaged in the original container.

Medication Orders:

It is the policy of SDCC that no medication shall be ordered except upon the written order of a person lawfully authorized to prescribe them. Prior to ordering medications, the Psychiatrist or PNP reviews medication in relation to the diagnosis, side effects, response to the treatment plan objectives, and identified target symptoms for which the medication was prescribed. When appropriate, the Psychiatrist attends treatment team meetings to obtain input from clinical staff.

SDCC uses a variety of types of medication orders including: As Needed (PRN) orders; Standing orders; Automatic stop orders; Taper orders; Orders for medication-related devices (for example, inhalers, nebulizers, glucometers); Orders for herbal products; and Orders for medications at discharge or transfer.

No medication will be ordered without receiving consent from the parent/caregiver or court via ex parte (JV-220 form) signed by a judge. Summary (blanket) orders to resume previous medications are prohibited.

Preparing Medications:

SDCC ensures safety when preparing medications for self-administration by:

- Ensuring only trained staff, including but not limited to SDCC Nurses and Medication Technicians, prepare medications.
- Utilizing clean techniques when preparing medication, including washing hands before, during and after preparation.
- Maintaining clean, uncluttered, well-light and functionally separate areas for medication preparation.
- Visually inspecting medications for particulates, discoloration, or any other loss of integrity during preparation.

### Storing Medications

SDCC STRTP medication storage procedures are designed to assist in maintaining medication integrity, promote the availability of medications when needed, minimize the risk of medication diversion, and reduce potential dispensing errors.

#### Storage Procedures:

- Complying with manufacturers' recommendations or a pharmacist's storage instructions.
- Medications intended for external use are stored separately from drugs used for internal use
- Disinfectants and internal/external and injectable drugs are stored on separate shelves.
- All medications are clearly labeled and stored in the medication storage room, which is locked. Access to the medication storage room is limited to authorized personnel and will be kept locked when unattended.
- All controlled (scheduled) medications are double locked for security and shall only be accessible to authorized personnel.
- The storage area is orderly, well-lit and sanitary. It must have the proper temperature (room temperatures at 59-86 degrees F and refrigerated drugs at 36-46 degrees F), light, moisture, ventilation, and segregation that are required by manufacturer's instructions or pharmacist's recommendations, in compliance with State and Federal laws, and per SDCC policy.
- Storage area temperatures are recorded daily.
- Medications are never stored where food is kept.
- Should a medication become expired, damaged or contaminated, it must be stored separately and disposed of in compliance with State and Federal laws, and per SDCC policy.
- The medication storage room is inspected monthly to ensure medications are stored properly.

The following information is available in all medication storage and drug preparation areas:

- Current approved Medi-Cal formulary
- Telephone number of the Regional Poison Control Center
- List of approved medical abbreviations
- The list of licensed prescribing physicians
- Metric apothecaries' weights and measures
- Look alike/sound alike medications

#### Injectable Medications:

- Multi-dose vials of injectable medications are dated on the vial and box with the date opened and initialed upon first use.
- Multi-dose vials are discarded 30 days after first use unless the manufacturer specifies otherwise; and multi-dose vials are discarded anytime there is concern regarding their sterility.
- A new, sterile needle and syringe must always be used to access the medication in a multi-dose vial.

#### Medication Labels:

- Prescription drug labels are not to be altered by program staff.
- All prescription medication within SDCC is labeled in compliance with federal and state laws.
- All medications are to remain in their originally dispensed containers. Transferring between containers or bubble packs is prohibited. (Only a licensed pharmacist or physician may package or repackage medication). The only exception is that a Nurse, Medication Technician, or trained staff may package one dose of medication for outings or short off-ground therapeutic passes.
- Information on the medication labels is displayed in accordance with law and regulation.
- All prescribed medications are in labeled vials or bubble packs with the following information:
  - Youth's Name
  - Name of Medication
  - Expiration date
  - Prescribing Physician or PNP
  - Strength of medication
  - Quantity
  - Date medication was prescribed
  - Administration instructions
  - Dispensing Pharmacy contact information
  - Impression/ Description
  - Prescription Number
- When medications are prepared but not immediately administered, containers will be labeled with the youth's first name and last initial, at minimum.
- When medication is prepared by someone other than the person assisting with self-administration, the youth's full name, unit, medication, strength, time and directions for use are written on the envelope containing the medication for pass outings.
- All house supply and over-the-counter medication is in its original container with the manufactures label.

#### Emergency Medical Supplies:

SDCC has a variety of sources for medications and medical supplies for emergencies, including:

- Backup supplies in the SDCC STRTP medication storage rooms.
- First aid kits on the residential units and vehicles.

Emergency supplies are inventoried at least quarterly and are restocked if supplies used, expired or damaged.



### Medication Administration (Assisting with Self-Administration)

It is the policy of the SDCC to have a mechanism designed to ensure structured, accurate and safe administration times; no break in the chain of custody; and procedures for training, supervising and assisting youth with self-administration of medication.

- Only SDCC Nurses, Medication Technicians, and staff trained in medication administration can assist youth.
- The staff assisting with self-administration will prepare, verify, and assess the medication for all the following prior to assisting the youth:
  - Medication matches the Medication Administration Record (MAR) and Medication label
  - Five rights are verified- Right medication, Right dose, Right Time, Right Route of Administration, and Right Youth
  - Medication is Inspected for particulates, discoloration, or other loss of integrity
  - Verifies the medication has not expired
- Medications prepared for self-administration are always kept in a locked medication storage room or in the physical custody of the SDCC Nurse, Medication Technician, or trained staff who prepared the medications.
- The SDCC Nurse, Medication Technician, or trained staff will assist with self-administration for all regularly scheduled medications within one hour (either side) of the prescribed administration time unless otherwise specified by the prescriber. For example, if a medication is prescribed for 8:00am, the medication may be administered anytime between 7:00am and 9:00am.
- Any unresolved concerns the Nurse/Med Tech/trained staff has about the medication will be discussed with the SDCC Nurse Manager or Psychiatrist prior to administration.
- The staff giving the youth the medication will use two identifiers prior to assisting the youth. SDCC's two identifiers consist of checking the youth's picture, which is in their MAR, and asking the youth their name prior to them taking any medication.
- Any medication taken by the youth will be documented appropriately. **Each staff who assists the youth with self-administration, signs their full name, initials and position, one time only in the section indicated on the MAR.**
  - **The MAR needs to be initialed each time/date staff assists the youth to verify that the medication was taken.**
- The Nurse/Med Tech must make every effort to assist with the self-administration of medications which s/he has prepared in a timely manner and before the end of his/her shift.
- If the Nurse/Med Tech is unable to pass medication at any time, the Nurse/Med Tech will arrange for a staff who is trained in medication administration to assist youth with their medication.
- Medications will not be left unattended on the residential units.
- Youth are expected to be on their respective units during the scheduled administration times. Counselors are responsible for notifying the Nursing Department or bringing youth to the Nursing Department station if they are not on the unit at the specified time.

When a physician/PNP prescribes a medication, the parent/caregiver and youth is notified by the prescribing physician/PNP or nursing staff of the new medication or changes, and how to administer, including: medication, dose, route, time of day, any possible side effects, and reason for use. The parent/caregiver will be offered written documentation of the medication changes and a print out of the new medication (medication information sheets will be available via online source) which includes any potential side effects or adverse reactions to the medication; these will be available in the nursing department if they would like copies. Psychiatrist or Nursing will document written copies were offered on the Physician's or PNP's Order Form.

Prior to youth going on overnight home visit passes, day passes or outings with family, mentors, CASA's, SDCC staff, or anyone else who is approved to have passes with the youth, the authorized individual needs to check the youth out in the Nursing Department. Nursing staff will provide any medication that will be required for the duration of their pass/outing and educate the authorized individual on the medication, including how and when the medication needs to be administered. The authorized individual taking the youth out will be required to sign the medications out and in and verify administration of the medications in writing.

### Medication Administration (Self-Administering Injectable Medication)

Self-administration of injectable medication (ex. growth hormone or insulin) may be allowed at SDCC if it is injected subcutaneously by the youth with the supervision of a Nurse or Med-Tech. This will not be allowed unless:

- The youth is properly trained by a Nurse or care provider from the specialty medical care team (i.e., Endocrinology, Medtronic).
- The youth competency to self-administer Injectable medication is completed.
- The written physician/PNP order is on file by prescribing physician/PNP.

Injectable medication will be stored according to the manufacturer's instructions and administered by youth in the nursing station.

#### PRN (As-Needed) Medications:

- A PRN medication is medication that is ordered by a physician or PNP to be administered on an “as needed” basis according to written parameters of the physician or PNP.
- A Nurse, Med Tech or trained staff will assist with self-administration for all ordered PRN medications when needed. A physician or PNP may have a PRN ordered for but not limited to agitation, insomnia and illnesses.
- PRN medication needs to be initialed on the front of the MAR on the date given and then signed for on the back, which will include: date/time taken, the name of the PRN medication, dose given, reason for administration, results of the PRN and requires a full signature.

#### PRN Medications Used for Agitation:

- Staff may suggest, encourage, and advise a youth to take the medication, but a PRN medication is always a youth’s choice.
- A PRN should be suggested at the first signs of agitation when the youth can still reason and make a choice.
- PRNs are not effective at the peak of an escalation episode due to physiological processes that are occurring.
- Youth should not take PRNs immediately following a physical hold as the medication may impair the youth’s ability to process and debrief effectively.
- A PRN may be given after an escalation if the youth still appears agitated. Staff should continue to assess the youth’s agitation level and offer PRN medication as ordered.

#### Prohibitions:

SDCC staff are strictly prohibited from providing and/or administering their personal medications (over the counter or prescribed) to youth.

### **16.2 Training staff and nonminor dependents to dispense and destroy medication.**

Only SDCC staff, primarily SDCC Nurses and Medication Technicians, who are trained in the preparation, storage, assistance with self-administration, and destruction of medications are permitted to prepare, store, assist youth with self-administration of, and/or destroy medication. Training is done upon hire and annually. Staff must prove competency through a written test and observation prior to being approved to prepare, store, or assist with medication self-administration. Quarterly staff observations are completed to ensure continued use of safe and accurate procedures.

#### Nonminor Dependents

SDCC Nursing Department staff will train the NMD on proper self-administration procedures, including education and modeling on how to dispense, self-administer, and destroy medications. Medication storage, dispensing, and disposal remains the responsibility of SDCC Nursing.

### **16.3 Identifying staff responsible for dispensing and destroying medications.**

#### Staff Responsible for Dispensing Medications

Only SDCC Nurses or Med Technicians are responsible for preparing prescribed medications for youth self-administration.

#### Responsibility for Destroying Medications

To keep youth safe and prevent diversion, SDCC accounts for, controls, and disposes of previously dispensed but unused, expired, or returned medications.

- Should a medication become expired, damaged or contaminated, it must be stored separately and disposed of in compliance with State and Federal laws, and per SDCC policy.
- Any controlled medication that is unused for whatever reason will be documented for destruction by two SDCC Nursing Department staff. Controlled medications cannot be returned.
- Non-controlled medications will be sent back to the pharmacy using a record of non-controlled substances return sheet if it meets the pharmacy’s return policy, otherwise it will be destroyed.
- All medication that needs to be destroyed will be documented in the Destruction Record binder on the Medication Disposition Log and signed for by the Nurse or Med-Tech destroying the medication. Medication should then be placed in the appropriate container for destruction.

SDCC utilizes an outside source, Stericycle Inc., to dispose of medication that needs to be destroyed.

## 17. POSITIVE DISCIPLINE POLICIES [Reference: ILS § 87072.1]

Describe the STRTP's discipline policies and procedures to include:

### 17.1 Type(s) of discipline permitted.

### 17.2 Conditions under which each type of discipline will be used.

*Types permitted and conditions under which each type will be used:*

- Practice of appropriate handling of problem situations or program routines
- Individual written, or verbal assignments naturally and logically related to the youth's treatment plan and/or misbehavior
- Additional minor chores which are naturally and logically related to misbehavior
- Restriction from entertainment devices such as television, radio, computer games, unless that device has been identified as an effective coping skill for the youth
- Restriction from planned outings or non-therapeutic activities
- Reflection time cannot exceed 15 minutes (exclusion exceeding 15 minutes will require approval by the attending therapist, clinical supervisor or residential director)
- Earlier bedtime

### Positive Discipline

Positive discipline at SDCC is used to help youth learn more adaptive forms of behavior, understand limits clearly, and help them establish a feeling of order and control in their lives. Positive behavioral supports and behavior management tools are used to increase adaptive behaviors through teaching, modeling, guidance, practice and reinforcement. Interventions to support the decrease in a youth's unhealthy or harmful behaviors will focus on redirection, differential reinforcement, natural and logically related consequences. Positive discipline creates an atmosphere in which learning occurs and difficulties are peacefully resolved.

SDCC has developed a graduated positive reinforcement approach (Sea Explorers) for latency age youth that is a trauma-informed, long term tracking system that charts the youth's progress in treatment. Youth move through the four phases (e.g., Shoreline, Sea Turtle, Dolphin, and Orca) by progressing toward their objectives, participating in the program, and staying safe. Youth earn points daily, which are awarded to them nightly. Each youth's points are transferred and tracked onto their individual "bank ledger". A youth is eligible for promotion to a new phase when s/he earns the required number of points. Promotion ceremonies occur weekly, and the youth's Therapist participates. Upon promotion, the youth's objectives are reviewed by the CFT/treatment team to determine if updates are needed.

SDCC implements a structured behavioral level system with adolescents that is based on the Building Effective Schools Together (BEST) model and incorporates positive behavioral supports. There are four levels with corresponding privileges assigned to each level. Level system movement is based on the youth's daily behaviors, including participation, progress, and safety. Each youth's behaviors and assigned level are assessed daily in an interactive process between youth and staff.

The SDCC STRTP also uses a token economy with all youth. Youth can earn "dollars" which are provided by staff for appropriate and safe behaviors and can be spent in the youth store. The store is open for all youth to make a purchase once per week. Banking is also facilitated by staff weekly to allow youth to make deposits and withdrawals as needed for purchases.

### Disciplinary Actions

Reasons for disciplinary actions are discussed with youth and their family to help them learn more adaptive responses. Families are educated on the program philosophy regarding discipline upon the youth's admission and are involved in the implementation of disciplinary actions throughout the youth's treatment. The disciplinary actions to be used with each youth are determined with participation of the youth and with his/her family when such participation is deemed beneficial.

Though there may be disciplinary actions for misbehavior or dangerous behavior, there are also ways in which youth can learn from the experience, which is a central component of this positive discipline policy. In positive discipline, replaying mistakes in new and successful ways, recognizing the hurts that one may have inadvertently caused others, and righting wrongs are heavily reinforced.

Positive discipline actions should be given immediately following, or as close to behavior as possible, taking into consideration the youth's gender, developmental age, culture and trauma history. All disciplinary actions are reduced or eliminated as soon as they are no longer therapeutically indicated. Removing youth from activities (e.g. room time (in an unlocked room) or restriction from activities) is minimized, as these responses may be counterproductive to the youth's need for support and supervision.

Applicable SDCC STRTP staff are responsible for documenting the use of positive discipline actions in the youth's medical record.

### **17.3 Types of discipline NOT PERMITTED (corporal punishment and violation of personal rights).**

#### ***Types of discipline NOT permitted:***

- Phone restriction
- Corporal punishment (spankings or hitting of any kind)
- Mechanical restraint of any kind
- Threatening violence
- Calling or threatening to call law enforcement
- Withholding food
- Denial of contact with parents or family members
- Ridicule or put downs
- Violation of a youth's personal rights

### **17.4 How the agency will ensure that a child or youth's sexual orientation, gender identity, and gender expression is not violated, discriminated against, or punished.**

It is the policy of SDCC to ensure that a youth's sexual orientation, gender identity, and gender expression is not violated, discriminated against, or punished. Any incident of discrimination, harassment, or violence is given immediate attention, including investigating the incident, taking appropriate corrective action, and providing youth and staff with appropriate resources. Complaints alleging discrimination or harassment based on a person's sexual orientation, actual or perceived transgender status, or gender nonconformity are to be handled in the same manner as other discrimination or harassment complaints.

This information is contained within SDCC's Youth and Family Rights Policy, which is reviewed in its entirety with all staff during SDCC's New Hire Orientation.

### **17.5 How will the agency handle peer to peer relationships and/or conflicts.**

The SDCC STRTP encourages and assists youth in resolving any conflicts they may have with their peers when it is developmentally and age appropriate. SDCC STRTP staff use counseling strategies to discuss any conflicts a youth may have with peers and to assist the youth in developing a plan to resolve the conflict, which includes active listening, action plan development, role playing, and follow up.

If a youth's attempt at conflict resolution is not successful, SDCC STRTP staff will intervene as needed to develop a resolution that is appropriate and hopefully satisfies all youth involved.

### **17.6 Ensuring commercially sexually exploited children or youth are not re-victimized by the types of disciplinary actions taken.**

The SDCC STRTP will not specifically serve youth with identified CSEC issues due to our centralized urban location, and to the nature of our seriously emotionally disturbed population and our population of younger children. However, there will be youth within our care who have a history of sexual abuse trauma, and who may have experienced sexual exploitation. Collaboration of care is vital to ensuring that any youth with sexual trauma are provided the appropriate health and behavioral health care. SDCC STRTP treatment staff assess the needs of youth upon admission, and more fully within the first thirty (30) days of admission, which include their health and behavioral health care needs related to trauma. This may include the need for a provider of a specific gender, or the need to not be left alone with a provider during exams, etc. All youth referred through child welfare or probation will have a physical evaluation by our contracted pediatrician, and supported by our nursing department, within the first several days of admission to ensure that physical health care needs are identified along with behavioral health care needs. All staff and medical contractors are specifically trained in working with youth who have experienced trauma, and provide services within a trauma informed practice model. This includes ensuring youth are introduced to care providers to understand their role, are provided with explanation of all procedures and care, and are given clear explanation of their ability to consent or decline care.

SDCC STRTP staff advocate for the identified needs of all youth in care, including those who have been the victim of sexual abuse, including those youth who have been commercially sexually exploited. SDCC STRTP treatment staff work closely with each youth, the youth's family and/or authorized representative, medical providers, or other support people to ensure protocols are established and followed that will prevent the youth from being re-victimized during examinations and treatment procedures. Additionally, youth voice and choice are fully included in all medical care, with staff providing active advocacy supporting youth needs. An example of this advocacy would be to provide support to youth by the youth's preferred staff when a youth needs a medical evaluation at a local clinic. In a recent incident, a youth expressing pelvic pain agreed to a medical evaluation at our local children's hospital urgent care. Her preferred female staff was called into work to provide the transport and remain with the youth throughout her time in urgent care. The SDCC staff was able to advocate for the youth's request to only be seen by female medical staff, and to be present during most of the evaluation (even though this created some conflict with the urgent care staff and prolonged the amount of time for the evaluation). When the youth declined further evaluation, the staff supported her request and terminated the medical appointment. The supporting staff was also in contact with the youth's family and social worker throughout the day to ensure their understanding of the situation. Following this evaluation, the discharge documentation was found to be insufficient in detail for SDCC nursing staff, who then contacted the treating physician for more specific explanation of findings and needed follow up care to

ensure that the youth received appropriate care within the STRTP. While each situation is unique, the key to being sensitive and providing advocacy is to listen to the youth's concerns, needs, and preferences, while providing the youth with clear, age-appropriate information to empower their decision-making.

#### **17.7 Provisions for informing the child's or nonminor dependent's authorized representative(s) of discipline.**

Information on appropriate disciplinary actions and approaches used is part of ongoing family education:

- Upon a youth's admission, youth and parents/caregivers/authorized representatives are oriented to, and provided a written policy regarding disciplinary actions and approaches. A signed acknowledgment indicating receipt and review of this policy, signed by the youth and the youth's parents/caregivers, is filed in the youth's medical record.
- Disciplinary actions and approaches are discussed within treatment team/CFT meetings. The youth's therapist presents information and provides an opportunity for discussion regarding disciplinary actions and approaches (i.e. the youth's response, progress, etc.) in both treatment team/CFT meetings.
- Disciplinary actions and approaches, and the youth's response, are also discussed in family therapy sessions and via frequent telephone contact with the youth's parents/caregivers/authorized representative.
- SDCC STRTP Supervisors provide information to parents/ caregivers/authorized representatives regarding a youth's behavior on an as needed basis by telephone and in person.

**If accepting nonminor dependents (NMD) include:**

#### **17.8 Discipline policies and procedures do not apply to NMDs.**

The SDCC STRTP acknowledges that staff must work differently with NMDs than with minor children, and therefore, the discipline policy and procedures above are not applicable to NMDs.

#### **17.9 Expectations and consequences policies and procedures for NMDs.**

NMDs are expected to comply with the requirements set forth in their Transitional Independent Living Case Plan and Shared Living Agreement, which are developed with the NMD and his/her authorized representative. SDCC STRTP staff will work with NMDs to help them remain in compliance with these plans, i.e. making modifications to the TILCP and SLA as needed and appropriate, and any issues, resolutions, or etc. will be communicated to the NMDs authorized representative. However, repeated instances of non-compliance by the NMD, despite efforts made by SDCC STRTP staff, may result in an emergency CFT meeting to discuss alternative placement options with the NMD's authorized representative.

#### **17.10 Procedures for offering the NMDs the opportunity to participate in the development and review of these policies and procedures based on individual need and/ability.**

As stated above, individualized expectations (i.e. policies and procedures) for a NMD are outlined in the NMD's TILCP and SLA, and the NMD participates in the development of each of these documents, and signs each indicating their agreement. Reviews of the NMD's TILCP and SLA occur at least monthly, but can be provided as often as needed, to support the NMD in maintaining familiarity and compliance with each document.

#### **17.11 Consequences for NMD when they do not comply with reasonable expectations.**

As stated above, repeated instances of non-compliance by the NMD, despite efforts made by SDCC STRTP staff, may result in an emergency CFT meeting to discuss alternative placement options with the NMD's authorized representative.

## 18. MEDICAL/DENTAL SERVICES

A complete medical history, developmental history and nutritional history is obtained and reviewed by a nurse upon a youth's admission to the SDCC STRTP. This information is requested from the parent/caregiver or authorized representative by SDCC STRTP Nursing staff, and includes the following:

- medication history;
- immunization, nutritional, and dental status;
- neurological and laboratory/pathology studies;
- speech, hearing, language and visual functioning;
- motor development and sensorimotor development functioning; and
- other significant medical assessments.

Nursing staff request other medical information as applicable for the youth's medical assessment and treatment. Releases of information are signed by the parent/caregiver or authorized representative as indicated to obtain pertinent information.

Total assessment of the youth is made by the appropriate physician via review of records and interviews, including psychiatric and neurological assessments. Recommendations for further testing and evaluation are then made at admission and during treatment.

**Physician orders are recorded on a Physician's Order Form for medications (including psychotropic medications if applicable) and/or a Medical Referral Form for treatments, tests and consultations including the reason/s for referral and referral source.** All medications, tests, consultations and referring resources are authorized by the SDCC STRTP medical director, treating psychiatrist, or agency designated pediatrician. Physician's Orders and Medical Referrals are processed by a nurse.

- Psychiatric assessments are completed (typically within 5 days of admission).
- A nursing physical assessment is completed within 24 hours of admission and prior to the physical examination by the SDCC STRTP contracted pediatrician, which includes a nutritional assessment, developmental assessment, height, weight, vitals, vision and hearing assessment, and review of immunizations.

The SDCC STRTP Nurse also obtains a dental history from the parents/caregivers/authorized representative, which includes: date of last dental examination; name of the youth's dental provider; treatments provided during last dental visit; and current dental status.

### **Describe in detail the following:**

#### **18.1 Procedures used to provide routine medical and dental care.**

##### Routine Medical Care

SDCC provides the following health maintenance procedures:

- Medical Exams: A medical exam is provided upon admission and annually thereafter at a minimum.
- Tuberculin Skin Test: A Tuberculosis Skin Test is performed within 7 days of admission if there is no record of a test being done within the 12 months prior to admission. The test is repeated annually if negative. If positive, follow up with a chest x-ray and referral to a pediatrician for evaluation and treatment.
- Immunizations: Prior to admission, SDCC STRTP Intake Department staff informs the youth's parent/caregiver/authorized representative that the youth will not be allowed to begin school unless an immunization record is presented, and all immunizations are up to date. This is in accordance with State Department of Health Services law. The SDCC STRTP Nurse verifies that all immunizations are up to date. A youth, for whom vaccinations cannot be verified, shall receive the first doses of appropriate vaccines (as cited in the *Health and Safety Code and Section 123 of AB 403*) within 30 calendar days of admission and shall receive follow-up doses as recommended.
- Vaccinations: Youth receive annual flu vaccinations.
- Growth Assessments: Height, weight, and vitals are recorded monthly, unless ordered more frequently by a physician.
- Diet: Special Diets are ordered by the admitting psychiatrist or pediatric consultant.
- Vision Screening Tests: Medical referrals are made for an ophthalmology consult if the vision screen during pediatric physical exam indicates problem with visual acuity, or if symptoms that indicate a vision defect are observed.
- Hearing Screenings: Medical referrals are made for hearing evaluations if the youth's medical history indicates previous hearing problems or recurrent episodes of Otitis are observed.
- Sensory Motor Screenings: A sensory motor screen is completed within 24 hours of admission by the pediatric consultant as part of the physical examination.
- Laboratory/Pathology Studies: Routine CBC, RPR, U/A, Comprehensive Metabolic Panel, GGT, and Thyroid Panel with TSH, are conducted as ordered by the admitting psychiatrist or pediatrician. These services are covered through the youth's primary health insurance.
- Speech and Language Assessments: If a youth requires services for assessment or therapy, services will be advocated for through the youth's school district.



### Routine Dental Care

SDCC monitors each youth's dental status and recommends dental services to the parents/caregivers/authorized representative when indicated. Dental referrals are made if there is no record of a dental screen conducted within the 12 months prior to admission or if medical history, or the physician and nursing assessment, indicate a dental problem. If applicable, the parents/caregivers/authorized representative will be notified of the need to schedule a dental exam.

During admission, the youth's current dental condition is assessed. If applicable, the parents/caregivers/authorized representative will arrange and provide transportation to all non-emergency dental appointments including semi-annual dental examinations, which consist of cleaning, x-rays, and preventive fluoride treatments. If further treatment is recommended by the dentist, the dental service obtains pre-authorization for services including fillings, extractions, space maintainers, and sealants. In certain cases, and at the discretion of the SDCC STRTP Manager and the youth's treatment team/CFT, the SDCC STRTP Nursing Department will arrange dental appointments and staff will provide transportation.

Dental services are funded by the youth's dental insurance. The treating dentist also makes recommendations to the parents/caregivers/authorized representative as needed for orthodontic services and/or other treatments that are not covered by the youth's dental insurance. All dental services are documented by SDCC STRTP Nurses, which includes referrals for treatment provided to the parents/guardians/authorized representative and subsequent treatment provided and/or recommended.

The SDCC STRTP Nurse Manager monitors the quality and appropriateness of dental services provided, including the provision of recommended services in a timely and cost-effective manner. Identified problems are reported to the appropriate agency departments and/or committees for resolution. The SDCC STRTP Nursing Department conducts ongoing instruction to youth in proper brushing and oral hygiene techniques.

### Non-Emergency Illnesses and Injuries

Non-emergency illnesses, injuries, or other medical problems are reported immediately to an SDCC STRTP Nurse. Following assessment, the SDCC STRTP Nurse provides intervention and/or schedules an appointment with the pediatric consultant(s) or obtains orders for medical referrals for outside consultation or treatment as indicated.

The nurse provides information to the youth's treatment team/CFT, including the youth's parents/caregivers/authorized representative, regarding treatment required for illness or injury including dietary modifications and level of activity allowed and progress regarding illness, injury or other medical problems. An incident report is completed in the event of an injury, and the youth's psychiatrist is informed if necessary.

For youth who require court approval for certain medical/dental procedures (i.e. use of anesthesia), SDCC STRTP Nursing staff work collaboratively with the youth's assigned therapist and authorized representative to acquire appropriate approval and signed consents from the Court in a timely manner.

Youth are informed of all upcoming medical appointments/procedures.

**Additionally, youth who have run away from the program are assessed upon return for illness and/or injury, and the appropriate medical treatment is provided.**

### Consultation, Treatment Referrals, & Special Health Care Needs

All outside referrals for consultations or treatment must be ordered or approved by the contracted pediatrician, attending psychiatrist, or PNP. Families and youth may request a referral for consultation and examinations. The request will be discussed amongst the treatment team/CFT, including the attending psychiatrist. The decision is based on the request's appropriateness and the youth's needs.

Planned hospitalization or elective surgery is evaluated as part of the youth's total treatment plan. The youth, and the youth's parents/caregivers/authorized representative, and the entire treatment team/CFT are involved. Referrals for medical treatment are documented and monitored in the SDCC STRTP Nursing Department and include a completed medical referral form and subsequent referral results and treatment recommendations.

The SDCC STRTP Nurse Manager monitors the quality and appropriateness of external medical services provided, including the provision of recommended services in a timely and cost-effective manner. Identified problems are reported to the appropriate agency departments and/or committees for resolution.

Youth with urgent illnesses or injuries that are not life threatening, but require urgent physician evaluation, are taken to Rady Children's Hospital and Health Center. SDCC STRTP staff notify the SDCC STRTP Nurse on duty for assessment and intervention. The SDCC STRTP Nurse will make an appointment for the youth and arrange transportation. If after hours, staff notify the SDCC STRTP Manager, Clinical Supervisor, or designee, and arranges transportation, which is provided by a SDCC STRTP staff in an agency vehicle. Alternative interventions may be arranged at the request of the parent/legal guardian.

### Notification

Placing Agency Representatives or legal guardians are notified via phone of all medical/dental appointments within 24 hours following an appointment. For dependents and wards, all medical and dental appointment documentation/referral forms are faxed over to Public Health Nurses and/or Placing Agency Representatives to be added to the youth's Health and Education Passports. The information is faxed over within 10 days of the youth's appointments and the fax is documented in SDCC's Health and Education Passport log.

### **18.2 Procedures used to identify and handle medical, dental, and psychiatric emergencies.**

As stated in Section 2.1 of the Program Statement, procedures for identifying and handling medical, dental, and psychiatric emergencies are the following:

#### Medical and Dental Emergencies

- Any staff member with CPR/First Aid training is trained to identify a medical emergency and, in the event of a medical emergency, immediately begin measures to ensure the physical wellbeing of the youth.
- For medical emergencies, which include illnesses or injuries that are potentially life-threatening or require immediate medical intervention, services are provided 24 hours a day at Rady Children's Hospital Emergency Room.
- If it is a life-threatening emergency, staff must call 9-1-1, and then notify a nurse.
- Staff are instructed not to move a youth until the extent of their injuries has been determined. Staff will notify the nurse on duty for immediate assessment and intervention with all injuries.
- If staff are unable to transport the youth safely in an agency vehicle, arrangements will be made to transport the youth via ambulance.
- If the emergency occurs outside the immediate San Diego area, the youth should be taken to the nearest hospital emergency room.
- The SDCC STRTP staff member accompanying the youth will remain with the youth at the emergency facility during the emergency treatment and will return with the youth following their release. Should hospitalization be necessary, staff will remain with the youth until other arrangements are made.
- Emergency dental services are treated as medical emergencies.

#### Psychiatric Emergencies

- A psychiatric emergency exists when behaviors are unable to be controlled which place the youth or others at serious risk of violence or injury. All SDCC STRTP staff are trained to recognize psychiatric emergencies as such and the steps to take (listed below) in response.
- In the event of a psychiatric emergency, it is the responsibility of the SDCC STRTP Manager, or designee, to notify the youth's parents/caregivers, authorized representatives, and/or the authorities.
- The following is a list of 24 Hour Emergency & Urgent Care Mental Health Services to be utilized by SDCC STRTP staff in the event of a psychiatric emergency:
  - Psychiatric Emergency Response Team (PERT): 858-565-5200
  - Emergency Screening Unit (ESU): 619-421-6900
  - San Diego Access and Crisis Line: 1-888-724-7240
- The SDCC STRTP Manager or designee must be notified via phone 24 hours per day/seven days per week, and he/she will determine the appropriate person/s to contact, including psychiatric and/or medical personnel.

### Notifications

In the event of a medical, dental, or psychiatric emergency, SDCC STRTP staff document all information surrounding the emergency in a serious incident report and the appropriate notifications (e.g. parents/caregivers/authorized representative) would be made and documented on the serious incident report. Depending on the type/severity of the emergency, Nursing would prepare medical referral paperwork to accompany the youth to the intended location (e.g. urgent care, hospital, doctor's office or dentist's office). Nursing may also notify the authorized representative upon the youth's return to SDCC if deemed necessary (i.e. length of stay), and any necessary follow up appointments are scheduled and communicated at that time.

### **18.3 Procedures for ensuring that nonminor dependents receive necessary medical care.**

All NMDs are required to receive initial and ongoing medical care. It is the job of SDCC STRTP staff to assist NMDs in obtaining any necessary medical care and to continually assess the need for this. Frequent meetings and communication between SDCC STRTP staff, NMDs, and families ensures any necessary medical care is followed up on. Ongoing medical and dental checkups are documented and tracked by SDCC STRTP Nursing Department staff.



**18.4 Procedures for assisting nonminor dependents in the development of skills necessary to obtain self-sufficiency in this area.**

It is the role of SDCC staff, particularly SDCC STRTP Life Skills Program staff and SDCC Successful Transition Program staff, to educate NMDs on the skills necessary to obtain self-sufficiency in every area of their life, including health care. The education provided to TAY and NMDs includes: importance of regular and appropriate health care; common health problems; how to obtain medical and dental insurance; ways to find a doctor and how to schedule appointments; and the health risks associated with poor diet, and using drugs, alcohol, and tobacco.

Additionally, prior to transition, SDCC staff assist NMDs in establishing connections to community health care providers to ensure NMDs are prepared to address their health needs and access information independently.

**18.5 Procedures on how transgender children and nonminor dependents' medical needs will be met (i.e., agency staff and medical provider knowledge of the child's medical condition) and include the STRTP's policy on hormone and hormone blocker treatment. Address how those type of medical decisions will be made by a transgender experienced and competent physician only (these are not decisions made by staff or the program treatment team).**

The health and behavioral health needs of each youth are fully assessed within the first thirty (30) days of admission by SDCC STRTP treatment staff. Youth who are identified as transgender and gender nonconforming, have the right to be treated by competent health and behavioral health care providers who are experienced in providing gender-affirming care. SDCC STRTP staff make referrals to these providers as necessary, and in coordination with the parents/caregivers, authorized representative if applicable.

SDCC supports gender affirmative treatment protocols, which include an individualized approach and permit transgender and gender nonconforming youth and NMDs to explore and develop their gender identity at their own pace and on their own terms. Gender affirmative treatment protocols may also include pubertal suppression or "hormone blockers". Transgender experienced and competent physicians will work with youth/NMDs, and their families if applicable, to determine the most appropriate gender affirmative treatment protocol.

Transgender youth and NMDs are encouraged to advocate for their own needs as appropriate and are educated on the importance of working closely with medical personnel. SDCC staff work in collaboration with the CFT and support decisions made by the team.

**18.6 Procedures used to ensure commercially sexually exploited children or youth are adequately examined and provided specific medical/mental health services to ensure they are not further re-victimized while being examined.**

Collaboration of care is vital to ensuring that commercially sexually exploited youth are provided the appropriate health and behavioral health care. SDCC STRTP treatment staff assess the needs of youth within the first thirty (30) days of admission, which include their health and behavioral health care needs, e.g. the need for a provider of a specific gender, the need to not be left alone with a provider during exams, etc.

SDCC STRTP staff advocate for the identified needs of all youth in care, including those who have been the victim of sexual abuse, and those youth who have been commercially sexually exploited. SDCC STRTP treatment staff work closely with each youth, the youth's family and/or authorized representative, medical providers, or other support people to ensure protocols are established and followed that will prevent the youth from being re-victimized during examinations and treatment procedures.

**19. DOCUMENTATION OF ACCREDITATION** [Reference: ILS § 87089]

A facility shall:

Have up to 24 months from the date of licensure to obtain accreditation.

Submit documentation of accreditation or application for accreditation with its application for licensure.

Provide documentation to the licensing agency reporting its accreditation status at 12 months and at 18 months after the date of licensure.

Provide a copy of their final accreditation summary report to the licensing agency within 30 days of its release date.

Provide a copy of their corrected action in response to the final accreditation summary report within 30 days of its completion date to the licensing agency.

Attach documentation as required.

San Diego Center for Children has been accredited by the Joint Commission since May 1st, 2013. Reaccreditation was awarded on April 9th, 2016 and is valid for three years. Please see the following on the proceeding pages:

- SDCC's final accreditation summary report
- The corrected action in response to the final accreditation summary report
- Most recent award letter
- Most recent accreditation certificate



## **Official Accreditation Report**

San Diego Center for Children  
3002 Armstrong Street  
San Diego, CA 92111

**Organization Identification Number: 527584**

**Measure of Success Submitted: 9/20/2016**

**The Joint Commission**

**Requirements for Improvement – Summary**

<b>Program</b>	<b>Standard</b>	<b>Level of Compliance</b>
BHC	EC.02.03.05	Compliant
BHC	EC.02.06.01	Compliant

**San Diego Center for Children**  
**Organization ID: 527584**  
**3002 Armstrong Street San Diego, CA 92111**

**Accreditation Activity - Measure of Success Form**  
**Due Date: 10/8/2016**

**BHC Standard EC.02.03.05**

**The organization maintains fire safety equipment and fire safety building features. Note: This standard does not require organizations to have the types of fire safety equipment and building features described in the elements of performance of this standard. However, if these types of equipment or features exist within the building, then the following maintenance, testing, and inspection requirements apply.**

**Elements of Performance:**

15. At least monthly, the organization inspects portable fire extinguishers. The completion dates of the inspections are documented. Note 1: There are many ways to document the inspections, such as using bar-coding equipment, using check marks on a tag, or using an inventory. Note 2: Inspections involve a visual check for the presence and correct type of the extinguisher, broken parts, full charge, and ease of access. Note 3: For additional guidance on inspection of fire extinguishers, see NFPA 10, Standard for Portable Fire Extinguishers, 1998 edition (Sections 1-6, 4-3, and 4-4).

**Scoring** C  
**Category:**  
**Stated Goal** 90  
**(%):**  
**Month 1** 06/2016  
**Date:**  
**Month 1**  
**Actual Goal** 100  
**(%):**  
**Month 2** 07/2016  
**Date:**  
**Month 2**  
**Actual Goal** 100  
**(%):**  
**Month 3** 08/2016  
**Date:**  
**Month 3**  
**Actual Goal** 100  
**(%):**  
**Month 4** 09/2016  
**Date:**  
**Month 4**  
**Actual Goal** 100  
**(%):**  
**Actual**  
**Average** 100

Goal (%):  
Optional  
Comments:

---

BHC	Standard EC.02.06.01	The organization establishes and maintains a safe, functional environment.
-----	----------------------	--

---

**Elements of Performance:**

26. The organization keeps furnishings and equipment safe and in good repair.

Scoring C  
Category:  
Stated Goal 90  
(%):  
Month 1 06/2016  
Date:  
Month 1  
Actual Goal 96  
(%):  
Month 2 07/2016  
Date:  
Month 2  
Actual Goal 95  
(%):  
Month 3 08/2016  
Date:  
Month 3  
Actual Goal 97  
(%):  
Month 4 09/2016  
Date:  
Month 4  
Actual Goal 99  
(%):  
Actual  
Average 97  
Goal (%):  
Optional  
Comments:



June 10, 2016

Moises Baron, PhD  
CEO  
San Diego Center for Children  
3002 Armstrong Street  
San Diego, CA 92111

Joint Commission ID #: 527584  
Program: Behavioral Health Care Accreditation

Accreditation Activity: 60-day Evidence of  
Standards Compliance  
Accreditation Activity Completed: 06/10/2016

Dear Dr. Baron:

The Joint Commission is pleased to grant your organization an accreditation decision of Accredited for all services surveyed under the applicable manual(s) noted below:

- **Comprehensive Accreditation Manual for Behavioral Health Care**

This accreditation cycle is effective beginning April 09, 2016 and is customarily valid for up to 36 months. Please note, The Joint Commission reserves the right to shorten or lengthen the duration of the cycle.

Should you wish to promote your accreditation decision, please view the information listed under the 'Publicity Kit' link located on your secure extranet site, The Joint Commission Connect.

The Joint Commission will update your accreditation decision on Quality Check®.

Congratulations on your achievement.

Sincerely,

Mark G. Pelletier, RN, MS

Chief Operating Officer

Division of Accreditation and Certification Operations

# San Diego Center for Children

San Diego, CA

has been Accredited by



## The Joint Commission


Which has surveyed this organization and found it to meet the requirements for the  
**Behavioral Health Care Accreditation Program**

**April 9, 2016**

Accreditation is customarily valid for up to 36 months.

  
Rebecca J. Patchin, MD  
Chair, Board of Commissioners

ID #527584  
Print/Reprint Date: 06/13/2016

  
Mark R. Chassin, MD, FACP, MPP.  
President

The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of health services provided in accredited organizations. Information about accredited organizations may be provided by The Joint Commission at 1-800-994-6610. Information regarding accreditation and the accreditation performance of individual organizations can be obtained through The Joint Commission's web site at [www.jointcommission.org](http://www.jointcommission.org).





**20. MENTAL HEALTH PROGRAM APPROVAL**

**20.1 Provide documentation of current mental health program approval as required by ILS § 87089.1.**

Please see the below for documentation of current mental health program approval.



## County of San Diego

**NICK MACCHIONE, FACHE**  
AGENCY DIRECTOR

**HEALTH AND HUMAN SERVICES AGENCY**  
BEHAVIORAL HEALTH SERVICES  
3255 CAMINO DEL RIO SOUTH, MAIL STOP P-531  
SAN DIEGO, CA 92108-3808  
(619) 563-2700 • FAX (619) 563-2705

**ALFREDO AGUIRRE**  
DIRECTOR, BEHAVIORAL HEALTH SERVICES

### Certification of the Group Home

### San Diego Center for Children

### Group Home Program

Has provisions for Mental Health Treatment Services that meet the  
Local Mental Health Program's Criteria and that the Program  
Services are available as defined in Welfare & Institutions  
Code Section 5600.3

This certification is effective  
from July 1, 2017 through June 30, 2018  
for Group Home contract #556133

The licensing office and Foster Care Rates Bureau of the State  
Department of Social Services shall be immediately notified upon termination of  
the Mental Health Program on which this certification is based.

  
\_\_\_\_\_  
**ALFREDO AGUIRRE, LCSW**  
Behavioral Health Division Director

LOCAL MENTAL HEALTH DIRECTOR OR DESIGNEE  
MUST BE A LICENSED MENTAL HEALTH PROFESSIONAL.

## 20.2 County Placing Agencies

Currently, youth placed in the SDCC STRTP are referred from in and out of San Diego County, including (County placing agencies are bolded):

- **Adoptions Assistance- San Diego County & Out of County**
- **Child Welfare Services- San Diego County**
- Hospitals
- **Juvenile Probation Department- San Diego County**
- Outpatient Providers
- Private Insurance
- Private Pay & Self-Referrals
- School Districts

## 20.3 Provide a description of each mental health treatment service the facility will directly provide to children/NMD, as necessary:

SDCC has provided mental health enhancement services (day treatment-intensive and day treatment-rehabilitation) to youth placed in SDCC's residential programs through contract with San Diego County Behavioral Health Services since 1999. SDCC recently entered new contracting terms for fiscal year 2017-18 to meet the requirements for specialty mental health treatment services and to ensure provisions of STRTP Core Services. Prior contracts were associated to one RCL 12 and two RCL 14 licenses, but beginning FY 17-18, these contracts were combined into a single San Diego County Behavioral Health Services-Children, Youth, and Families (BHS-CYF) contract for one residentially based program.

SDCC's current contract is with San Diego County BHS-CYF (**county mental health plan responsible for the provision of Specialty Mental Health Services**) to provide for unbundled specialty mental health services, including:

- Mental Health Services (Assessment/Evaluation, Plan Development, Collateral, Individual/Family/Group Therapy and Rehabilitation)
- Pathways to Wellbeing Services (Intensive Care Coordination and Intensive Home-Based Services)
- Medication Support/Psychiatry
- Crisis Intervention Services
- Case Management

Additionally, **the SDCC STRTP San Diego County BHS-CYF contract enables the SDCC STRTP to continue Medi-Cal specialty mental health services past discharge for up to 90 days. These aftercare services can be provided in the home** and can include therapy, case management, IHBS, and medication support services, which will be provided as needed and begin at the time of discharge to support the youth's and family's transition and permanency by ensuring linkages to community providers and resources are established. Aftercare services are made available to youth and families who are not receiving specialty mental health services from a Wrap or TBS provider. Same or similar services are provided to youth not served by San Diego County BHS but through other contracting and payment agreements. Specialty mental health services are described below and in Section 4 (Core Services and Supports).

### **Requests for Service Authorization:**

Prior approval for services and routine utilization review for continued services are integrated into the admission and treatment process to ensure appropriate and continuous care. This includes use of County Medi-Cal approval and service authorization process via Service Authorization Requests (SARs) and San Diego County's Intensive Services Request (ISR). Service authorizations for continued stay are conducted every three months following admission. If denied, this decision is immediately communicated to the referring agency and appeal may be made directly to the county's contracting oversight representative or their supervisor. If necessary, decisions regarding the provision care and services, discharge, and appropriate referrals are based on the care required by, or the identified needs of the youth.

For private insurance payers, service authorization is obtained directly with the insurance company representative prior to admission, and as needed for continued authorization and appropriate transition planning.

For private insurance, the service authorization process may include "doctor-to-doctor" review, third party internal review, or formal appeals to the insurance carrier or the Department of Managed Care Services. It is the policy of SDCC that once a youth has been admitted for residential treatment, mental health services will be provided, regardless of guaranteed payment, until appropriate transition to an alternative or lesser level of care can be secured through planned transition in collaboration with the youths' caregivers or placing representative.

### **Denials of Service Authorization & Appeals:**

Prior to admission, SDCC assesses the appropriateness of all referrals to determine if the youth meets admission criteria, including meeting medical necessity. This initial assessment helps ensure requests for service authorization are not denied. However, in the event of a denial, structured appeals processes are implemented to prevent disruption in youth's care. It is the policy of SDCC that once a youth has been admitted for residential treatment, mental health services will be provided, regardless of guaranteed

payment, until appropriate transition to an alternative or lesser level of care can be secured through planned transition in collaboration with the youths' caregivers or placing representative.

In the event of a denial from private insurance carrier, appeals processes vary depending on the type of insurance and may include "doctor-to-doctor" review, third party internal review, or formal appeals to the insurance carrier or the Department of Managed Care Services. SDCC may provide the family directions on how to appropriately file an appeal or may file a written appeal in coordination with the family. SDCC also discusses other funding options with the family and/or may provide referrals to other options for care, depending on the needs of the youth.

In the event of a denial from the MHP (San Diego County BHS-CYF or out-of-county), SDCC follows the appeals processes as outlined in the San Diego County BHS Organizational Provider Operations Handbook, which are in accordance with federal requirements and consist of the processes described below.

Following review of the Intensive Services Request, and if denied, the MHP will issue a Notice of Adverse Benefit Determination (NOABD). An Adverse Benefit Determination (ABD) is defined as the denial of a requested service, including determinations based on the type or level of service, medical necessity, appropriateness, setting, or effectiveness of a covered benefit. Any ABD must be communicated to the provider initially by telephone or facsimile within 24 hours, and then in writing via an NOABD within two business days, of the decision.

The NOABD will include the name and direct telephone number or extension of the MHP's decision-maker. The NOABD must also include a clear and concise explanation of the reason for the decision, including clinical reasons for the decision. The MHP shall explicitly state why the beneficiary's condition does not meet specialty mental health services and/or DMC-ODS medical necessity criteria and a description of medical necessity criteria used.

The MHP provides an attachment to the NOABD which outlines the appeals process relative to the NOABD and includes the following:

- **The beneficiary's or provider's right to request an internal appeal with the MHP within 60 calendar days from the date on the NOABD;**
- The beneficiary's right to request a State hearing only after filing an appeal with the MHP and receiving a notice that the ABD has been upheld;
- The beneficiary's right to request a State hearing if the MHP fails to send a resolution notice in response to the appeal within the required timeframe (30 calendar days from receipt of appeal, with a possible 14-day extension for good cause);
- Procedures for exercising the beneficiary's rights to request an appeal; Circumstances under which an expedited review is available and how to request it; and
- The beneficiary's right to have benefits continue pending resolution of the appeal and how to request continuation of benefits in accordance with Title 42, CFR, Section 438.420.

The "Appeal" consists of a review by the MHP of an ABD regarding provision of services through an authorization process. Per federal regulations adopted by the MHP, appeals must be filed within 60 calendar days from the date on the NOABD. A beneficiary, or provider and/or authorized representative, may request an appeal either orally or in writing. Appeals filed by the provider on behalf of the beneficiary require written consent from the beneficiary. **In cases with Ward or Dependents of the Court, an appeal would be filed by their authorized representative or County Child Welfare Services Social Worker.**

If necessary, SDCC and/or the MHP will assist the beneficiary in completing forms and taking other procedural steps to file an appeal, including preparing a written appeal, notifying the beneficiary of the location of the online forms or providing the forms to the beneficiary upon request

The MHP maintains an expedited review process for appeals when the MHP determines (from a beneficiary request) or the provider indicates (in making the request on the beneficiary's behalf or supporting the beneficiary's request) that taking time for a standard resolution could seriously jeopardize the beneficiary's mental health or the beneficiary's ability to attain, maintain, or regain maximum function. For expedited resolution of an appeal and notice to affected parties (i.e. the beneficiary, legal representative and/or provider), the MHP shall resolve the appeal, and provide notice, as expeditiously as the beneficiary's health condition requires, but no longer than 72 hours after the MHP receives the expedited appeal request.

After review of the appeal by the MHP, the MHP will issue a Notice of Appeal Resolution (NAR) Letter informing a beneficiary that an ABD has been overturned or upheld. In addition to the written NAR, the MHP is required to make reasonable efforts to provide prompt oral notice to the beneficiary of the resolution.

- For appeals not resolved wholly in favor of the beneficiary, the MHP must provide an attachment to the NAR that explains how the beneficiary can proceed in requesting a State hearing.
- For appeals resolved wholly in favor of the beneficiary, the MHP must authorize or provide the disputed services promptly and as expeditiously as the beneficiary's condition requires, and no later than 72 hours from the date and time it reverses the determination.

- **Assessment and Evaluation (Mental Health Services)**

Thorough and timely assessments will be completed for all youth placed in SDCC's STRTP by their assigned licensed or license eligible therapist. SDCC STRTP Therapists begin the Child and Adolescent Measurement System (CAMS) and youth history gathering at the initial meeting with youth and family/caregiver/representative to facilitate quick implementation of services. All assessments, including the Behavioral Health Assessment (BHA), Children's Functional Assessment Rating Scale (CFARS), CRAFFT and SDCC's Supplemental Screening (which screens for needs in additional areas such as pain, nutrition, and community resources), Youth Transition Self-Evaluation for youth 16 years old and over are completed within 30 days of admission. Additional trauma, high-risk, and substance abuse assessments are tailored to each youth when these needs are present. The cultural, linguistic, and developmental needs of the youth and family are always considered in the assignment of therapists and in how services are provided. For example, interpreter services may be added to the treatment plan to meet family language needs.

During assessment, discharge/transition planning also begins with consideration for the youth's target return environment and permanency goals. Consideration is given to previous community-based providers or supports that may continue to be a support upon transfer from residential care, or services that may need to be initiated concurrent with treatment or prior to transition such as wraparound or TBS. Assessment will consider immediate and long term educational needs and goals that may be directly related to therapeutic progress.

- **Plan Development (Mental Health Services)**

An individualized, strengths-based, and culturally competent Client Plan (treatment plan) will be initiated upon admission, integrated with the development of the Needs and Services Plan (where applicable), and completed by the assigned SDCC STRTP Therapist within 30 days of admission. The Client Plan is based on assessment results with the participation of assigned SDCC STRTP staff and treatment team/CFT members, which include the youth, family, authorized representatives, and other formal and informal supports. The Client Plan guides treatment and addresses permanency, stability, and health and wellness issues. Plan development leads to selection of appropriate intervention practices (including EBPs) for each youth and family. All Therapists are trained in, and utilize a range of EBP or practice elements such as: CBT for depression, Coping Cat for anxiety, Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) reduction of trauma symptoms, and Motivational Interviewing (MI) for youth and family ambivalence, goal development and/or AOD related challenges.

- **Collateral (Mental Health Services)**

Collateral services are provided by SDCC STRTP Therapists and Care and Intake Coordinators, but can be provided by all direct care staff and includes consultation and training with formal and informal supports in a group or individual setting to assist them in better understanding the youth's mental health needs so they can better support the youth in meeting his/her treatment plan goals.

- **Individual/Group/Family Therapy (Mental Health Services)**

The following SDCC STRTP therapeutic services are individualized, trauma-informed, culturally competent, and strengths-focused based on the needs and strengths of the youth and family. Therapy sessions are conducted in the primary language of the youth and family, and if necessary, the assigned SDCC STRTP Therapist will arrange interpreter services from an external provider (e.g. Interpreter's Unlimited).

- Individual therapy sessions are conducted by a licensed, registered or waived therapist or clinical trainee under supervision, to assist youth in coping with emotional topics, feelings, and conflicts. Individual therapy is designed to improve each youth's ability to function productively and meet developmental progress such that they can return to a more naturalized, and less restrictive home, school, and community environment. Individual therapy includes treatment interventions that are matched with the youth's cognitive level and behavioral and emotional needs, and may include interventions that address any co-occurring disorders. Individual therapy is provided as needed, typically weekly, but may be more or less frequent based on individual treatment needs. Treatment emphasizes evidence-based therapies, but may include a wide range of intervention tools.
- Family/Targeted Return Environment (TRE) therapy is provided as needed by a licensed, registered or waived therapist under supervision, to assist the family/TRE in addressing acute exacerbation of symptoms, relapse prevention, managing risks, resolving conflicts, and improving connections and communications. The goal is to provide the family/TRE with education, emotional support, and resources aimed toward empowerment of the family/TRE. Every youth has a right to an available parent/caregiver and a plan for permanent connection. If a parent/caregiver is not available for reunification, family therapy is used to support connection with the most appropriate alternative TRE or permanent supports.
- Psychotherapy groups are provided by a licensed, registered, or waived therapist and/or clinical trainee under supervision. Psychotherapy groups are based on the clinical needs of each youth and conducted in a manner that appropriately addresses different developmental levels and issues common to youth in a residential treatment setting. Interventions focus on topics

such as anger management, coping and age-related pressures, healthy relationships, emotional regulation, self-esteem, social skills, substance use prevention, trauma, psycho-education, wellness, and stress management.

- Rehabilitation (Mental Health Services)

Rehabilitation services are provided individually or in a group setting by clinical and direct care staff daily. Services concentrate on empowering youth and families through live coaching and/or teaching skills. Examples of rehab services include independent living skills training and learning, practicing coping and self-regulation skills, daily living skills, conflict resolution and problem solving, social and leisure skills, grooming and personal hygiene skills, and healthy nutrition/meal preparation skills.

- Pathways to Wellbeing (PTW) Services: Intensive Care Coordination (ICC) and Intensive Home-Based Services (IHBS)

For youth placed in the SDCC STRTP and who qualify for PTW services, **these services may begin within 30 days from admission and continue throughout treatment.** The initial CFT meeting is held within the first 30 days of placement and at least every 90 days thereafter to review the youth's progress and make collaborative decisions about what the youth and family will need during the next three months to move closer to successful discharge. CFT members include the youth and family, Placing Agency Representative, clinical staff, psychiatrist, personal supports, and adjunct professionals.

For SDCC STRTP youth who are placed in the STAR Program, CFT meetings are held more frequently (at least every 30 days) to review and discuss the following: progress toward stabilization goals; assessment results; possible return environments; recommendation for services and level of care; and transition planning including necessary resources, e.g. legal, education, recreation, etc.

- (ICC): ICC services are available for youth and families with more intensive needs and will primarily be provided SDCC STRTP Therapists and Intake and Care Coordinators. For youth who qualify for PTW services and who have the highest need (i.e. risk of hospitalization or recent hospital discharge) more intensive ICC services may be provided. ICC services focus on ensuring the Client Plan and CFT action plans are implemented. ICC services can include engagement of CFT members, identifying and linking youth and families with formal and informal community services and supports, assisting in the development of collaborative relationships among service providers and community supports, coordinating services among providers, emergency crisis response, assistance with building a CFT that includes both formal and informal supports, and increasing parenting abilities.
- IHBS will be provided in the home and community, and will focus on building skills needed to meet Client Plan goals and achieve permanency and stability. These intensive services could include locating and fostering natural supports, teaching youth skills needed to improve functioning (such as independent living skills, social skills and self-regulation skills), enhancing parental behavior management and self-care skills, and strengthening family communication. IHBS will mostly be provided by SDCC STRTP Therapists, Life Skills Program staff, and Clinical Trainees under supervision but can be provided by all direct care staff.

ICC/IHBS & Discharge Planning: **Wraparound services may be initiated by CWS up to 90 days prior to discharge. Once the youth is admitted to a Wraparound Program, responsibility for provision of ICC and/or IHBS shifts to the Wraparound Program provider.**

- Crisis Intervention

Crisis intervention is available for all youth 24 hours per day and 7 days per week. SDCC STRTP staff utilize various tools, including the BHA, High Risk Assessment, and Calming and Crisis Prevention Plan (detailed in Program Statement, Section 1.6) to predict and plan for potential crises. However, despite careful prevention planning, crisis situations still occur, and crisis intervention services will be provided when it is necessary to assist the youth in coping with a crisis and to minimize psychiatric hospitalization or law enforcement intervention. Close coordination is maintained with the parent/caregiver/authorized representative during any crisis.

- Case Management

Case management is mainly provided the SDCC STRTP Therapists, Intake and Care Coordinators, and Life Skills Program staff, but can be provided by all direct service staff. Case management services focus on what staff can "do for" the youth and family to assist in building resilience and achieving stability and permanency. Services include identifying community resources, collaboration and integration with other service providers, and/or linkage and coordination with formal and informal supports.

- Medication Support/Psychiatric Services

Psychiatric services for youth, including psychiatric evaluations, medication prescription and monitoring, and JV-220 Form preparation, is provided by a team of qualified staff members. Medication support services are provided by Contracted Psychiatrists and Psychiatric Nurse Practitioner (PNP) and include clinical consultation to the treatment team/CFT, psychiatric

psychopharmacological or medication evaluation and management of eligible youth, and ordering referrals to specialists for diagnostic and/or special treatment procedures. Psychiatric services also include 24 hour on-call services.

The Contracted Psychiatrist completes initial psychiatric evaluations and provides ongoing medication support services for youth with complex medication and/or medical needs. The PNP completes initial psychiatric evaluations and provides medication support services for youth as assigned, in coordination with the Contracted Psychiatrist and under consultation from the SDCC Medical Director (a Board-Certified Psychiatrist).

SDCC STRTP Nursing staff supports the Contracted Psychiatrist and PNP by providing administrative and case management assistance which may include following up with youth between appointments when medications have been started/changed, assisting in the completion of JV-220s and Treatment Authorization Requests (TARs), referrals to specialists, and psychoeducation to youth and families consistent with treatment plan goals related to health (ex. nutrition, managing special health care needs, medication compliance). The Nursing staff further communicates medication education to the direct care staff, and provides observations and other assessment data directly to the treating physician.

**Efforts to reduce psychotropic medication usage:** Per our continuous quality improvement objectives, SDCC supports the statewide initiatives designed to ensure the appropriate and minimal use of psychotropic medications with youth. All contracted psychiatrists and employed nurses or nurse practitioners are provided with information regarding the state requirements, goals, and objectives for minimizing psychotropic use. Specifically, SDCC contracted physicians and our PNP are required to comply with the California Guidelines for the use of Psychotropic Medication with Children and Youth in Foster Care (CDSS publication). This document (and corresponding linkages) are provided annually to consulting physicians as part of the contract renewal process. This document is also required in annual training for the SDCC nursing department to support their role in medication education and treatment team collaboration.

Medication usage is minimized through its use as an integrated element of the comprehensive treatment plan that addresses social-emotional development, resilience building, and symptom reduction, and is developed in collaboration with the youth and family, and supporting individuals. Within SDCC-STRTP, medication treatment is always integrated in a comprehensive interdisciplinary treatment model that includes formal therapeutic strategies and activities of health/wellbeing, all in the context of social/relational and environmental support (refer to extent of behavioral health services listed in prior section). SDCC contracted physicians provide all services within the residential setting, including attendance at weekly treatment team meetings. This co-location with all other SDCC-STRTP treatment providers allows for consistent, timely communication between the physician and staff regarding the youth functioning, possible side effects, and response to medication changes. Informed consent and medication education are provided repeatedly to ensure youth and caregiver understanding and engagement in the purpose and use of medication. Any additions or changes to a youth's medication plan is communicated routinely through the youth's monthly treatment team by the prescribing practitioner. Additional consultation is provided directly to caregivers on an as needed basis.

With regard to CQI monitoring, SDCC has several processes to support appropriate and effective psychotropic medication usage. All contracted psychiatrists participate in quarterly medication monitoring through peer chart audits. Concerns or corrections are addressed immediately with support of the Quality Assurance department. Nursing provides monthly reporting to the SDCC Quality Council of medication errors, serious side effects monitoring, and staff training. Lastly, it is the assigned responsibility of the PNP to provide specific tracking of medication use, side effects, weight, and sleep hygiene of all youth in the STRTP, and to provide feedback to the medical staff and agency leaders of any trends or concerns. Additionally, SDCC ensures continuous compliance with all Joint Commission national safety and quality standards for psychotropic usage with children and youth receiving behavioral health care.

#### **Engagement with broad network of SMHS/non-SMHS providers in the region:**

When behavioral health services are needed beyond the scope of services provided by SDCC STRTP, care coordination includes referrals and collaboration with the broad network of SMHS organizations, fee for service network, and managed care/private sector services in the San Diego region. SDCC STRTP staff are knowledgeable about the network of providers and the range of behavioral health services, funding requirements, and referral processes due to the extensive efforts necessary to connect youth to ongoing care and support upon transition/discharge from STRTP. Additional services may be identified through the CFT, IEP or Treatment Teams, or at family request to meet specific, unique needs of a youth throughout their STRTP placement. For example, a CFT may identify that a youth has a long and positive connection with a community provider through the TERM fee for service network and that it would be in the best interest of the youth to continue to receive individual therapy from that provider; SDCC staff would ensure proper release of information and coordination of care between the agency and the community provider, or provide advocacy to support access to this additional provider.

SDCC STRTP staff are continually educated on the broad range of the community network through training, consultation and collaboration. This may include attendance at community forums (e.g., East Region Collaborative monthly meeting), local trainings/conferences (e.g., annual Children's System of Care Conference), invited presentations (e.g., local university program for

early detection and treatment of schizophrenia) or active use of community resources (e.g., Network of Care Behavioral Health Provider Directory website: <http://sandiego.networkofcare.org/mh/>).

Additionally, the SDCC agency is contracted to provide a full continuum of services including outpatient mental health (SMHS contract and Fee for Service/Managed care), wraparound, foster care supports, school based mental health, special education, and TAY transition planning. This provides SDCC STRTP staff with intra-agency support and collaboration, accessible expertise for consultation, and direct community linkages. All directors and program managers across the SDCC agency are required to routinely participate in a San Diego county council or workgroup to ensure regular contribution and partnership within the broad service community. Examples include the BHS-CYS System of Care Council, Community Quality Assurance Workgroup, BHS Fiscal Workgroup, Mental Health Contractors Association, TAY Council, Early Childhood Mental Health Committee, San Diego Nonprofit Association, Wrap Collaborative, Association of Foster Family Agencies, and other time-limited committees or workgroups. Information learned from this participation is shared each month within the SDCC Direct Services Manager Meeting and through intra-agency email dissemination.

---

Please see the following page for the current Short-Doyle/Medi-Cal Certification, provided by San Diego County Behavioral Health Services and dated 7/1/2017, for San Diego Center for Children's STRTP and for the provision of crisis intervention, mental health services, case management, and medication support services.

**20.4 If the facility has not obtained a mental health program approval, please describe how the facility will ensure access to integrated, appropriate mental health services.**

This section is not applicable as SDCC has current mental health program approval (provided in Section 20.1)





## County of San Diego

NICK MACCHIONE, FACHE  
AGENCY DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY  
BEHAVIORAL HEALTH SERVICES  
3255 CAMINO DEL RIO SOUTH, MAILSTOP P-531  
SAN DIEGO, CALIFORNIA 92108-3806  
(619) 563-2700 • FAX (619) 563-2705

ALFREDO AGUIRRE  
DIRECTOR BEHAVIORAL HEALTH SERVICES

Friday, July 28, 2017

Moisés Barón  
San Diego Center for Children  
3002 Armstrong St.  
San Diego, CA 92111-

### APPROVAL OF SHORT-DOYLE/MEDI-CAL CERTIFICATION

Dear Moisés Barón

San Diego County Mental Health has approved certification for the following site as a Short-Doyle/Medi-Cal provider:

Provider Name: SDCC STRTP  
Provider Address: 3002 ARMSTRONG ST  
SAN DIEGO, CA 92111-5702  
Provider Number: 37RM  
Legal Entity Number: 00132

**Certification Date 7/1/2017**

Services Provided:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Day Treatment Intensive Full Day | <input checked="" type="checkbox"/> Crisis Intervention | <input checked="" type="checkbox"/> Mental Health Services    |
| <input type="checkbox"/> Day Treatment Intensive Half Day | <input type="checkbox"/> TBS                            | <input checked="" type="checkbox"/> Case Management/Brokerage |
| <input type="checkbox"/> Day Rehab Full Day               | <input checked="" type="checkbox"/> Medication Support  | <input type="checkbox"/> Other: _____                         |

The certification will continue for three years from the above date. Our Quality Improvement Unit will schedule a re-certification review prior to the end of the three-year period. A provider's certification in the Short-Doyle Medi-Cal program is contingent upon compliance with all federal, state and local laws and regulations pertaining to rehabilitative services for persons with mental illnesses. Your continued participation depends on your ability to maintain compliance with these State and Federal requirements.

You are to notify our department of any changes in services and any unusual occurrences or unplanned changes. We should be notified sixty days in advance of planned changes in ownership or location. Any unusual occurrences must also be reported for review as per the Organizational Provider Operations Handbook.

If you have any questions, please contact Helen Kobold at (619) 641-8804 .  
Sincerely,

  
ALFREDO AGUIRRE, LCSW, Director  
Behavioral Health Services

Cc: Ervey Salinas, Program Manager



## **21. FOOD AND NUTRITIONAL PLAN/SAMPLE MENUS, CLOTHING & INCIDENTALS [Reference: ILS § 87076]**

**Provide all policies and procedures for the nutrition provided to children and nonminor dependents including a sample menu, provisions for special dietary needs, nutrition education, and food preparation skill services. Describe the policies around clothing and incidentals.**

The USDA Basic Food Group Plan – Daily Food guide for school age children and teenagers lists minimum standards for recommended servings provided to youth. The SDCC STRTP weekly menu has met or exceeds these guidelines (Manual of Policies and Procedures, General Licensing Requirements, Title 22, Division 6, Chapter 1). Three meals and three snacks are provided to youth each day. Menus are posted in the kitchen area at least one week in advance for all youth, parents/caregivers/authorized representatives and staff to observe. Fruit is always available to youth between meals.

Youth can sign up in advance to make a sandwich in the place of two meals each week if they dislike a particular menu item. Fast food or sugar snacks are not allowed at meal times unless they are part of a planned meal.

### **21.1 Provide a SAMPLE MENU which includes:**

- **Week of planned meals, including snacks from the four basic food groups.**
- **Portion sizes.**
- **Times meals are served.**

Please see the following page for a sample menu that includes each of the items listed above.

### **21.2 Describe any provisions available for children with special dietary needs.**

All youth receive a nutritional assessment upon admission. Youth and/or parents/caregivers fill out a nutrition questionnaire in which nutritional needs and preferences are identified as part of the admission process. The nutritional assessment, in conjunction with the pediatrician history and physical assessment and nursing assessment, identifies youth who have special dietary needs (e.g. food allergies, cultural/religious restrictions, vegan/vegetarian diet, or etc.). Special menus are created for youth whose dietary needs conflict with the planned menu on any given day.

Additionally, the SDCC STRTP contracted pediatrician refers youth identified as morbidly obese or underweight to Rady Children's Hospital-San Diego Nutrition Clinic for an in depth nutritional assessment, nutritional counseling, and individualized education provided by a registered dietician. SDCC STRTP staff collaborate closely with Rady Children's Hospital for these youth, and modified diets are provided that may include additional dietary restrictions or requirements, which are communicated to all direct care staff.

### **21.3 Provide the information of the vendor contracted to provide nutritional services.**

SDCC has a self-operated food service department, and therefore, SDCC does not contract for the provision of food services.

SDCC's primary vendors for food distribution services include:

- Sysco San Diego – Distribution of foodservice products
- Dew Distribution Services, Inc. – Distribution of milk and other dairy products

### **21.4 Describe any services related to nutrition education and food preparation skills provided to children and/or nonminor dependent.**

SDCC STRTP Counselors sit at the table with the youth during meal times to provide basic nutrition education, encourage youth to try new and healthy food, assist in the development of social skills, and act as role models. Meal times are used to talk about pleasant experiences, make positive plans, and review successes. Discipline problems unrelated to mealtime behavior should be addressed at another time. Staff and youth are expected to eat items on the planned menu.

SDCC STRTP Counselors are expected to eat with youth unless a religious or medical reason prevents them from doing so. Staff members who are unable to eat with the youth are expected to sit at the table, and eat their own meal away from the youth while on break. SDCC STRTP Counselors encourage comments about the food and assist youth in communicating feedback to the Dietary Department, which is also a topic regularly discussed in Youth Council meetings.

The SDCC STRTP has a new industrial kitchen that is used to instruct youth in meal preparation. The SDCC STRTP Life Skills Program has invited guest chefs to provide onsite demonstrations for youth on how to select and prepare nutritious food options. Life Skills Program staff also provide ILS instruction, which includes the topic of food management and addresses kitchen utensils and their proper use, grocery shopping and planning meals, cookbook use and food preparation, food bargains designed to teach youth wise shopping habits, food spoilage, and appropriate table manners.

M/MA = Meat/Meat Alternative																	
Time		Meal	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday		
Weekdays	7:30am	Breakfast	Fruit Cereal Boiled Egg Toast Milk	1/2c 1oz 1 1 1c	Fruit Oatmeal Yogurt M/MA Muffin Milk	1/2c 3/4c 1/2c 1oz 2oz 1c	Pineapple Cereal French Toast (egg) M/MA Cottage cheese Milk	1/2c 1oz 2 1oz 1/3c 1c	Fruit Cereal Breakfast Taco • Flour Tortilla • Eggs • Cheese • Salsa Milk	1/2c 1oz 1 1 • Eggs 1.4oz 1.5oz 0.5oz 1c	Fruit Cereal Pancakes Maple Syrup Turkey bacon Milk	1/2c 1oz 3oz-2 1 2sl 1c	Fruit Cereal Eggs Hash- browns Toast Milk	1/2c 1oz 1.5oz 1/2c 1 1c	Orange Juice Cereal Eggs Mini Bagel Cream Cheese Milk	3/4c 1oz 1.5oz 2oz-2 1c	
Weekends & Holidays	9am																
Weekdays	10am	Snack	Graham Crackers*	2	Apple*	1	Special Snack*	1	Pretzels*	1pk	Banana*	1	Granola Bar*	1	Fruit*	1	
Weekdays	12:30pm	Lunch	Hot Dog Wheat bun M/MA GB Baked beans Carrots Fruit Milk	1.5oz 1.5oz 2oz 2 1/2c 1/2c 1/2c 1c	Teriyaki chicken M/MA Rice Fruit Spinach Roll Milk	3oz 2oz 1c 1/2c 1/2c 1 1c	Turkey Sandwich M/MA GB Lettuce, tomato Sweet Potato Fries Veggies Banana Milk	2oz 2oz 2 1/2c 1/2c 1/2c 1 1c	Pepperoni Pizza M/MA GB Pizza Shell Salad Fruit Milk	2sl 2oz 2 2.5oz 1c 1/2c 1c	Fish Sandwich M/MA GB Lettuce, tomato Tartar Cole Slaw French Fries Milk	2oz 2oz 2 1/2c 1/2c 1c	Roast beef & Cheese Roll M/MA Lettuce, tomato Potato Salad Fruit Milk	2oz 3oz 1/2c 1/2c 1/2c 1c	Ham Sandwich M/MA GB Lettuce Sun chips Veggies Fruit Milk	1 2oz 2 1/2c 1/2c 1 1c	
Weekends & Holidays	12pm																
Weekdays	2:30pm	Snack	PB&J Sandwich*	1/2	Granola Bar*	1	Fruit*	1	Apple*	1	Cheese & Crackers*		Fruit*	1	Granola Bar*	1	
Weekends & Holidays	3pm																
Every Day	5:00pm	Dinner	Roasted turkey Mashed Potatoes Steamed veggies Roll Milk	3oz 1/2c 1/2c 1 1c	Pasta M/MA Veggie Fruit Bread Milk	3oz 2oz 1/2c 1/2c 1oz 1c	Chzburger M/MA Bun Lettuce, tomato, pickle, onion French fries Fruit Milk	2oz 2oz 1 1/4c 1/2c 1/2c 1c	Hot wings & drum sticks M/MA Stir fry vegetables Whole grain pasta Milk	3oz 2oz 1/2c 1/2c 1c	Italian Lasagna M/MA Veggies Garlic bread Milk	3oz 2oz 1/2c 1 1c	Soup cheese & bacon on English muffin Fruit Milk	1c 2 1/2c 1c	Beef taco Beef & Cheese Refried beans Lettuce, tomato Spanish rice Milk	2 3oz 1/2c 1/4c 1/2c 1c	
Every Day	8:00pm	Snack	Ice cream*	1c	Cookie*	1	Chef's Pie*	1	Ice cream bar*	1	Jell-O*	1c	Graham Crackers*	2	Popcorn*	2c	
*Milk is served with all snacks																	

**Describe the following in detail:**

**21.5 How the program ensures that children have adequate clothing and how the child's and nonminor dependent's request for new clothing is handled.**

At a minimum, each youth is provided clothing per the current Clothing Standard.

Parents, family members, and authorized representatives are encouraged to bring adequate clothing for youth upon admission. Youth complete a clothing inventory with the SDCC STRTP Counselor staff on the day of admission. For Dependents and Wards, if the youth has inadequate clothing, an initial emergency clothing allowance is requested of the authorized representative, and necessary clothing items are purchased within 24 hours by SDCC STRTP staff.

In cases where additional clothing is required due to damage, rapid growth, or loss, the program provides emergency funds for clothing replacement if the youth's stipend has been depleted. The program assists youth in meeting the need for sports clothing and special occasion clothing by obtaining these items through existing funds, donations, and/or community resources.

**Additionally, the program ensures provided clothing is culturally relevant, as appropriate, and is based on their gender identity or gender expression.**

**21.6 How the program provides personal hygiene items for children.**

Incidentals such as basic personal hygiene items are provided by the SDCC STRTP. These items include shampoo, soap, toothbrush, toothpaste, deodorant, combs or brushes, feminine hygiene products, and other necessary personal or culturally relevant items. Hygiene items are checked out by youth on an as needed basis during normal hygiene routine times. Overall inventory of the above items is maintained by staff supervisors and in collaboration with staff assigned to this task.

**21.7 The policies and procedures that ensure nonminor dependents have an adequate supply of clothing, hygiene items and toiletries.**

In addition to the information above, inventory lists for each youth are completed upon admission and monthly thereafter. The SDCC STRTP purchases clothing as needed to meet current clothing standards. Receipts for clothing expenditures are maintained by SDCC STRTP Supervisors and are organized by youth. These receipts are available for review at any time by CCL, IEU, and the youth's authorized representative.

**21.8 The policies and procedures to assist the nonminor dependents in maintaining their clothing (loss and theft prevention).**

SDCC STRTP Life Skills Program staff instruct NMDs on various topics including caring for clothing and teaches NMDs to be responsible for their own belongings and clothing, i.e. folding their clothes and keeping things organized so they are aware if something is missing, removing laundry from the washer/dryer in a timely manner, and etc. Creating an inventory of each youth's clothing, which is checked monthly, also aides SDCC STRTP staff in preventing theft among peers.

**21.9 How the program ensures these policies adhere to the Foster Youth Bill of Rights**

Each youth participates in the selection and purchase of clothing. The SDCC STRTP staff encourages youth to express themselves through the way they dress, while ensuring the clothing worn by youth is age appropriate and will not violate SDCC STRTP and school standards. Transgender and gender nonconforming youth have the right to dress in a manner consistent with their gender identity or gender expression. If a youth has a grievance related to their choice of clothing, it will be addressed via SDCC's grievance policy and/or by the treatment team/CFT.

## 22. EMERGENCY INTERVENTION PLAN (RUNAWAY PLAN) [Reference: ILS § 87095.22, 87095.24]

### 22.1 Describe the facilities Emergency Intervention Plan, including a Runaway Plan, as specified in ILS 87095.24.

#### SDCC STRTP Emergency Intervention Plan (EIP)

---

##### General Provisions:

EIP Procedures are to be used when youth, staff members or others face the threat of immediate injury. Before initiating physical hold or any physical intervention, staff must determine (a) the present behavior poses clear and immediate danger of serious bodily harm, and (b) physical intervention will reduce the likelihood of harm to the youth or others involved. The force used in a physical intervention will not exceed that reasonably necessary to avert the injury or danger, will not exceed the danger being averted, and the duration of the physical hold will cease as soon as the danger of harm has been averted. Physical intervention or physical hold of a youth is only used as a last resort to prevent injury after other nonphysical alternatives have been unsuccessful. Staff trained in the use of physical holds will utilize a continuum of interventions starting with the least restrictive and moving towards more restrictive physical interventions when the youth continues to present clear and immediate danger of **serious** bodily harm.

SDCC STRTP consults with, and uses emergency intervention procedures certified by, Devereux Advanced Behavioral Health, Direct Care Training Resources *Safe and Positive Approaches® (SPA) for Preventing and Responding to Crisis Program*.

Every intervention will be considered in the immediate situation with an understanding of the history of behavior, the age and developmental status of the youth, and condition (physical and psychological) of the individual youth involved. With this understanding, staff using EIP procedures will make every reasonable attempt to minimize harm to the youth and others in the environment. This means that developmental, clinical, and physical needs of the youth will be addressed in developing that youth's Crisis and Calming Plan. Staff members will not pursue physical hold of any youth when there are insufficient staff resources to ensure physical control of the youth or when physical intervention is likely to cause more harm than the unsafe or dangerous behavior which is being displayed. For example, physical hold will not be pursued when the physical hold in combination with the youth's medical condition poses greater risk than the dangerous, unsafe behavior. To minimize risk of injury, staff will utilize SPA techniques which make use of leverage, rather than strength, and will follow SPA procedures regarding consideration of the size and weight ratio of the staff and youth prior to initiating physical holds.

**SDCC STRTP personnel trained to use emergency interventions include:** [Reference: ILS § 87095.65]

- All Managers
- All Supervisors
- Nursing Department staff
- Therapists
- Psychiatric Nurse Practitioner
- Training Specialists
- Life Skills Program staff
- Recreation Department staff
- Intake and Care Coordinators

All staff members must be certified in SPA, as well as trained and tested on the principles and components of this EIP, prior to use of emergency intervention procedures. **Only staff members trained and certified to use emergency interventions will be allowed to use emergency interventions with youth.**

##### Admission Agreement:

At the time of admission, the youth and the youth's parent/caregiver/authorized representative reviews the EIP with SDCC STRTP Intake Department staff. **A copy of the EIP is provided** to the parent/caregiver/authorized representative, who signs a form indicating their acknowledgement of notification, and authorization for, EIP procedures.

##### Initial assessment of the youth:

An initial assessment will be completed for each youth to obtain information which could help minimize the use and impact of physical holds. The initial assessment will identify: the cognitive and developmental level of the youth, techniques the youth can use to help control his/her behavior; preexisting medical conditions or physical disabilities which would place the youth at greater risk for injury during physical holds; any history of sexual or physical abuse or other trauma which would place the youth at greater psychological risk during physical holds; and ways in which the youth's family or significant others may be used to help the youth avoid physical hold.

##### Continuum of Emergency Interventions:

The continuum of emergency interventions is listed below then outlined in detail. When possible, intervention with dangerous, unsafe behavior should be pursued using the least-restrictive method and progressing down the following continuum as necessary to protect a youth from harm to self or others.

## **EARLY INTERVENTIONS/NON-PHYSICAL TECHNIQUES**

### **Early Interventions/Non-Physical Techniques include:**

- Pre-Teaching
  - Alpha Commands
  - Modify Staff Proximity to the Youth
  - Redirection
  - Switch Staff
  - Remove the Audience
  - Brief Physical Support
  - Empathizing/Processing
  - Choices and Options
  - Standing in the Youth's Path
  - Evade the Youth
  - Youth Directed Timeout
  - Staff Directed Timeout
  - Multisensory De-escalation Room
- 
- **Pre-Teaching:** Letting youth know expectations using alpha statements and breaking down each step.
  - **Alpha Commands:** Providing the youth with a clear verbal direction; examples include:
    - asking a youth to stop a dangerous behavior
    - directing the youth to take a time out
    - providing a verbal direction to choose between two alternative safe behaviors
    - providing a direction or distraction which is incompatible with the dangerous behavior
    - prompting use of a coping skill previously identified by the youth in their Individualized EIP
    - prompting use of a calming strategy previously taught to the youth
    - verbally directing the youth to calm down in a safe place
    - asking the youth if he/she would like a PRN
  - **Modify Staff Proximity to the Youth:** Determine if moving closer or distancing staff proximity will stop the dangerous behavior and follow through based upon this determination
  - **Redirection:** Giving clear (alpha) direction for an alternate, safe behavior. Focus is placed in what can do to be safe, not on what unsafe behavior not to engage in.
  - **Switch Staff:** Asking for another staff to intervene to stop the dangerous behavior.
  - **Remove the Audience:** Removing the audience for dangerous behavior by directing other youth out of the area and thereby reducing the reinforcement and likelihood that the behavior will continue. Examples include:
    - direct the youth in question away from the audience using verbal command
    - directing youth watching a youth attempt to climb on to the roof to another area out of sight of the behavior
    - directing youth to an activity in another cottage/unit when a youth is being extremely disruptive, loud, and provocative
  - **Brief Physical Support:** A staff member lightly holding the hand or leading a youth by the arm if the history and experience of the youth suggests this will calm the youth and help the youth come under behavioral control or if the youth gives verbal consent.
  - **Empathy/Processing:** Identifying and reflecting the youth's emotions; talking with the youth about what happened; used when a youth has encountered a difficult situation.
  - **Choices and Options:** Offering verbal ideas to the youth:
    - Staff offer two choices that are both acceptable for staff and follow program rules and policy
    - Allows youth to have control while also allowing staff to have control
    - Youth's coping skills are usually included.
  - **Standing in the Path of a Youth:** Staff will place themselves between the youth and a dangerous object, an intended victim, or to prevent egress when behavior poses clear and immediate danger of serious bodily harm. Staff communication will be focused on calming the youth and verbally directing the youth to a safe place. Large youth, or youth with history of assault, should not be handled in this manner. Staff should not pursue this intervention without appropriate support to provide control of the youth in a physical hold unless the staff member anticipates evading the youth's approach.
  - **Evade the Youth:** Taking a defensive posture and get out of the way of the dangerous behavior and ensure others stay out of the way; examples include:
    - removing youth from the area of an assaultive youth
    - moving away from a physical attack by a youth using the pivot and parry as outlined in SPA training
    - avoiding physical hold for a potentially dangerous behavior due to a lack of staff resources to safely control the youth
  - **Youth Directed Timeout:** Staff will respect youth request to take a time-out to provide them the opportunity to regain control. An acceptable time-out area may be the youth's room, or any designated area that is unlocked and immediately accessible to staff. Only one youth at a time is allowed in a designated area to take a time-out. Staff will not leave a youth unattended for periods of time exceeding a maximum of 15 minutes. Staff will not leave a youth unattended while in a time-out if the youth is being unsafe. Youth may rejoin the community as soon as they feel ready and display safe behavior.

- **Staff Directed Timeout:** Staff may direct a youth to Prior to commencement, the youth will be informed why a time-out for behavioral reasons is being used and the duration of the time-out. An acceptable time-out area may be the youth's room, or any designated area that is unlocked and immediately accessible to staff. Only one youth at a time is allowed in a designated area to take a time-out. Staff will not leave a youth unattended for periods of time exceeding a maximum of 15 minutes. Staff will not leave a youth unattended while in a time-out if the youth is being unsafe. Time-outs are never to exceed 30 minutes.
- **Multisensory De-Escalation Room:** Staff may offer, or the youth may ask, to use a multisensory room as a coping/calming strategy. Use of a multisensory room is **voluntary**. The multisensory room is where youth can experience a range of visual, auditory, olfactory and tactile stimuli. The multisensory room is designed to create a feeling of comfort and safety, where youth can de-escalate, regain control, and explore their surroundings. Only one youth at a time is allowed in a multisensory room. Staff will not leave a youth unattended in the multisensory room. The multisensory room will not be used for consequence or punishment.

## **PHYSICAL INTERVENTIONS**

### **Physical Interventions include:**

- |  |   |
|--|---|
| 1. Safety Techniques                                   | 5. Physical Hold - Seated Floor Physical Hold (2, 3 & 4 person) |
| 2. Physical Hold - Involuntary Escorts (2 person)      | 6. Physical Hold - Chair Physical Hold (2 person)               |
| 3. Physical Hold - Standing Physical Hold (2 person)   | 7. Physical Hold - Supine Physical Hold (2, 3 & 4 person)       |
| 4. Physical Hold - Assist-to-the-Floor (2 or 3 person) |   |

1. **Safety Techniques:** Deflection techniques, grab releases, bite releases, hair-pull controlling techniques, choke releases, based on four basic principles: position, leverage, balance, and conservation of energy. Staff members do not use their own strength to implement the technique, but instead implement the four basic principles and passive, evasive movements to protect and to minimize the risk of injury to themselves, the youth, and others.

**Physical Holds:** The decision to physically engage a youth should be made only when clear and immediate danger of serious bodily harm to the youth or to others exists, after non-physical de-escalation techniques have been attempted and deemed ineffective or inappropriate to the unsafe situation, when staff resources are adequate to safely control the youth with physical hold, and physical intervention will reduce the likelihood of harm to the youth, staff, or others involved. If a youth exhibits any indication of pain or shortness of breath, the position of staff and the youth will be immediately altered and the staff will request immediate evaluation by the on grounds SDCC STRTP Nurse, Med Tech, or Shift Supervisor. The least restrictive method to control the dangerous behavior should be used. Forms of physical hold are described below.

2. **Involuntary Escorts:** These are used when a more controlling intervention is required in to move a youth from one location to another.

### **Two-Person Secured Escort:**

1. Two staff members each position themselves to the youth's left and right hip, in the Safety Zone, in a Defensive Stance, facing outside for better balance. Staff's forward foot is placed slightly behind the youth's feet. Staff #1 gives the command "BICEP" or "SHOULDER".
2. Bicep: Each staff member secures the youth by placing his/her inside hand (with hand cupped) around the youth's upper arm (between youth's shoulder and elbow on the biceps area). Shoulder: Each staff member secures the youth by placing his/her cupped hand under the youth's armpit and cups the youth's shoulder. Simultaneously, each staff member places his/her outside hand on youth's forearm just above the bony part of the wrist (above the joint) and secures the youth's forearm against the youth's hip.
3. Staff #1 gives the command "SHIFT." Both staff members stand with the side of their body snugly behind the youth's body. Staff must stay snugly behind the youth's body for control, and shift the weight to their back leg to help staff maintain their balance while causing the youth's body to be slightly off-balance.
4. Staff #1 gives the command "GO." Both staff members move forward with the youth, using "modified walking steps," leading with their forward foot to a predetermined location. Staff #1 gives the command "STOP." Once staff and the youth have come to a balanced stop, Staff #1 then gives the command "RETURN" which returns the youth to an upright balanced position. After the youth has reestablished good balance and control of his/her body, Staff #1 gives the command "RELEASE" which signals both staff to release and back away from the youth.

### **Two-Person, Two-Arm Control Escort:**

1. Two staff members each position themselves to the youth's left and right hip, in the Safety Zone, in a Defensive Stance, facing outside for better balance. Staff's forward foot is placed slightly behind the youth's feet. Staff #1 gives the command "Two-Arm Control Escort".
2. Each staff member secures the youth's forearms by placing his/her inside hand under the youth's forearm near the youth's wrist, and their outside hand over the youth's forearm near the youth's elbow. The youth's forearms are secured snugly

against the youth's body, high and to the outside of the youth's chest; with the youth's palms against his/her chest and the youth's elbows positioned comfortably against his/her body.

3. Staff #1 gives the command "SHIFT." Both staff members are positioned with the side of their body behind and snugly against the youth's body and their inside shoulder/upper arm against the youth's shoulder/upper body with staff's elbow positioned comfortably/naturally against their body avoiding contact on the youth's spine. Staff must stay in close physical contact with the youth for support and control and shift the weight to their back leg to help maintain staff's balance while bringing the youth's body slightly off-balance.
4. Staff #1 give the command "GO." Both staff members move forward with the youth, using "modified walking steps," leading with their forward foot to a predetermined location. Staff #1 gives the command "STOP." Once staff and the youth have come to a balanced stop, Staff #1 then gives the command "RETURN" which returns the youth to an upright balanced position. After the youth has reestablished good balance and control of his/her body, Staff #1 gives the command "RELEASE" which signals both staff to release and back away from the youth.

### **3. Standing Physical Hold:**

1. Two staff members each are positioned in the Safety Zone, behind the youth's left and right hip, in a Defensive Stance, facing outside for better balance. Each staff member's forward foot is placed inside the youth's two feet.
2. Each staff member secures the youth's forearms by placing his/her inside hand under the youth's forearm near the youth's wrist, and their outside hand over the youth's forearm near the youth's elbow. The youth's forearms are secured snugly against the youth's body, high and to the outside of the youth's chest with the youth's elbows positioned comfortably against his/her body.
3. Staff #1 gives the command "SHIFT." Both staff members are positioned with the side of their body behind and snugly against the youth's body and their inside shoulder/upper arm against the youth's shoulder/upper body. Staff's inside elbow should be positioned comfortably/naturally against their body avoiding any pressure on the youth's spine. Staff must stay in close physical contact with the youth for support and control and shift the weight to their back leg to help maintain staff's balance while bringing the youth's body slightly off-balance.
4. Staff maintain a widened Defensive Stance facing "outside," with their weight shifted slightly to their back leg. To terminate physical hold, Staff #1 gives the command "RETURN" which returns the individual to an upright, balanced position. After the youth has re-established good balance and control of his/her body, Staff #1 gives the command "RELEASE" which signals both staff to release and back away from the youth.

### **4. Assist-to-the-Floor:**

#### **Two-Person Assist-to-the-Floor:**

1. From the Safety Zone in a Defensive Stance faced "outside," Staff #1 secures the youth's arms properly in a Two-Arm Control or Safety method. Staff #1 shifts the weight to his/her back leg and brings the youth back snugly against the side of staff's body.
2. Upon command of Staff #1, "ASSISTANCE," Staff #2 approaches from the Safety Zone, in a Defensive Stance faced "outside," on the same side of the youth as Staff #1's forward leg. Once in a Defensive Stance faced "outside" with arms in a parry position, Staff #2 replies: "READY."
3. Staff #1 commands "GO" which signals the Assist-to-the-Floor. Staff #1, keeping the weight shifted to his/her back leg, shuffles with his/her back foot to begin lowering the youth to the floor. With a straight back Staff #1 slides his/her forward foot back and kneels on that knee.
4. Simultaneously to Staff #1 lowering to the floor, Staff #2 respond by reaching across with his/her forward (inside) arm to the youth's opposite leg, securing both of the youth's thighs above the knees. Each hand cups the youth's legs on the outside of the youth's upper thighs. Staff #2 kneels down on the side of the youth.

#### **Three-Person Assist-to-the-Floor:**

1. Staff # 1 and Staff #2 start in a Two-Person Two-Arm Control Standing Hold.
2. Upon command of Staff #1: "ASSISTANCE," Staff #3 approaches from the Safety Zone in a Defensive Stance. Staff #3 secures the youth's upper body by sliding both forearms under the youth's armpits, cupping each shoulder. Staff # 1 and #2 remain in position. Staff #3 communicates to the side staff that he/she is ready to begin the Assist-to-the-Floor by stating: "READY."
3. Staff # 1 states: "TURN." Staff # 1 and Staff #2 simultaneously turn themselves around 180° by stepping with their outside foot to face the opposite direction. Staff # 1 and Staff #2 reposition themselves so they are faced "outside" in a Defensive Stance with their weight shifted to their back leg (using Leverage). Staff #1 and Staff #2 simultaneously lower the youth's arm to the youth's side and secure the arms to the front of the youth's body.
4. Staff #1 and Staff #2 stay close to the youth's body and keep the youth's forearms secured snugly against the front of the youth's hips. Upon completion of this step Staff # 1 states: "SET."
5. Staff #3 shifts the weight to his/her back leg bringing the youth back slightly off-balance, and gives the command: "GO." At this time, the team lowers the youth into a seated position on the floor:
  - a. Staff #3 maintains support of the youth's upper body, shuffles back and kneels on his/her forward knee.

- b. Staff #1 and #2 maintain control of the youth's arms and step forward on their outside foot and kneel on their inside knee. Kneeling on the inside knee rather than the outside knee helps to minimize tripping and interference with Staff #3's footwork.
6. As the youth's buttocks make contact on the floor Staff #1 and Staff #2 lower (as necessary) to keep the youth's arms secured and safely positioned at the front of the youth's hips. The team maintains control of the youth and transitions into the proper physical hold procedure (i.e. Seated Floor Physical Hold or Supine Physical Hold).

**5. Seated Floor Physical Hold (Two-Person to Four-Person):**

1. Begins with the youth in a seated position on the floor.
2. From the Safety Zone, kneeling in a Defensive Stance on the floor faced "outside," secures the youth's arms properly in a Two-Arm Control or Safety method.
3. Staff maintains a secure upright position behind the youth kneeling on his/her forward/front leg with the youth's torso snugly against the outside of staff's thigh. Staff holds the youth in an upright seated position on the floor with an erect upper body. Staff places his/her outside thigh snugly against the youth's back (no direct contact should be on the youth's head, neck or spinal area) to minimize the youth's ability to push off the floor or arch his/her back. The youth's knees should remain flexed.
4. The second staff provides additional control of the youth's legs by sprawling across the legs above the knees and wrapping his/her inside arm around both of the youth's thighs.
5. Staff #2 should be facing the youth's feet with staff #2's inside hip securing the core of the youth; Staff #2 should be positioned at a slight angle between the youth's core hip area thigh area with Staff #2's outside foot flat on the floor for leverage
6. As staff #2 gets in position, Staff #1 must immediately bring the youth back into a "semi-reclined" position.

*To add a **third staff**:* A third staff can be added to provide additional upper body control by helping to secure the youth's arms.

1. Staff #3 takes control of one of the youth's arms while Staff #1 maintains control of the other arm.
2. Both Staff #1 and Staff #3 are positioned on the floor faced outside behind the youth, kneeling with their inside thighs next to one another; Staff #1 and Staff #3 secure the youth's upper body against their forward (inside) thigh.

*To add a **fourth staff**:* A fourth staff can be added to help control the legs while Staff #1 and Staff #3 control the youth's upper body. Staff #2 and Staff #4 sprawl the youth's legs, one above and one below the youth's knees on opposite sides of the youth's body.

**6. Chair Physical Hold (Two-Person):**

1. Youth is seated in a suitable chair with the staff positioned behind the chair in a standing position, in a defensive stance, with the lead foot between the chair legs.
2. Staff #1 secures the youth's arms in an approved method of upper-body control ("Safety" method or "Two-Arm Control").
3. Staff #1 maintains a defensive stance behind the youth and places the upper chest/shoulder snugly against the youth's back and shoulder area. No direct contact is on the youth's neck or spinal area.
4. Staff #2 is used for additional control, one on each side of the youth, facing "outside" in a Defensive Stance behind the chair.

**7. Supine Physical Hold (Two-Person to Four-Person):**

1. Begins with the youth laying face-up on the floor.
2. Staff #1 and Staff #2 position themselves, facing each other, kneeling perpendicular to the youth's body.
  - a. For Arms at Side method: Staff place one knee and one hand below the youth's elbow and one knee and one hand above the youth's elbow. Staff #1 and Staff #2 use straight arms with their shoulders over their hands.
  - b. For Alternating Arms method: Staff #1 secures one of the youth's arms slightly above the youth's shoulder, bent at the elbow at a 90-degree angle. Staff # 2 secures the youth's arm alongside the youth's body.
  - c. For Both Arms UP method: Staff #1 and Staff #2 secure each of the youth's arms slightly above the youth's shoulder, bent at the elbow at a 90-degree angle.
3. Staff #3 sprawls the youth's legs above the youth's knees.
4. Staff #4 can be added to help control the legs while Staff #1 and Staff #2 control the youth's upper body by sprawling the youth's legs below the youth's knees.

---

**Physical holds will not be used for the following purposes:**

- Coercion, punishment or discipline
- To force a youth to follow directions when they do not present clear and immediate danger of serious bodily harm
- To control youth who are being loud and disrespectful or dysregulated
- As convenience to staff
- As retaliation by staff
- As a substitute for, or part of, the treatment program or behavior modification program
- As a harassment or humiliation
- To prevent a youth from leaving the facility, unless leaving the facility places the youth in clear and immediate danger of serious bodily harm



**The following emergency intervention techniques will not be used on a youth at any time:**

- Mechanical restraints
- Aversive behavior modification including but not limited to body shaking, water spray slapping, pinching, hitting, kicking, pepper spray or ammonia spray, sensory deprivation, and shock
- Intentionally producing pain including, but not limited to, arm twisting, finger bending, joint extensions, and headlocks
- Restricting a youth's breathing or circulation
- Corporal punishment or spanking of any kind
- Placing pillows, clothing, or other items over a youth's face; body wraps with sheets or blankets
- Denial of basic needs such as nutritious food, water, shelter, or essential and safe clothing
- Non-voluntary chemical restraints
- Any techniques that can be reasonably expected to cause serious injury to the youth
- Verbal abuse, physical threats, force or intimidation
- Isolation of a youth in a locked room or prohibiting youth from leaving a room by holding the door closed
- Using a door as a barrier between a staff and youth
- Fear eliciting procedures

**Behaviors or circumstances that require the use of emergency intervention include and are not limited to:**

- Property damage that could create a hazard and poses an immediate danger of serious bodily harm to the youth or others
- Antagonistic behavior towards others which is likely to result in an immediate assault by another youth with danger of serious bodily harm to one or both youth
- Runaway behavior when the behavior is likely to result in injury and immediate danger of serious bodily harm to the youth
- Assaultive behavior that poses an immediate danger of serious bodily harm to the youth or others
- Self-injurious behavior such as head banging, self-mutilation and/or self-hitting which poses an immediate danger of serious bodily harm to the youth or others
- Risk-taking behavior such as attempts to run into traffic or climb high objects with high risk of self-harm when physical hold will cause less harm than the risk-taking behavior

**Procedures when more than one youth requires the use of emergency intervention at the same time:**

When more than one youth requires emergency intervention, staff will first focus on verbally directing the most compliant youth to a safe place for more positive activities. Staff will immediately contact the Shift Supervisor and/or staff members in other cottages/units for assistance. A compliant and competent youth can be directed to request assistance if necessary. The Shift Supervisor will request back up from other cottages/units and proceed to the area of difficulty. Counselors in the area with more than one youth displaying unsafe behaviors will begin to immediately focus early verbal interventions on the most compliant youth, prompting use of their calming plan coping skills. Staff will not pursue physical hold of any youth unless sufficient staff resources exist to assure the entire group will remain in control and sufficient staff are available to implement the physical hold appropriately. When the group is in control, youth who were sent to other areas can be re-integrated.

**Procedures for ensuring care and supervision when all available facility personnel are required for emergency interventions:**

When all available facility personnel are required for emergency interventions the Nurse/Med Tech or Shift Supervisor will contact staff to come immediately to the facility. The Shift Supervisor will also call the STRTP Manager and Nurse Manager to come to the facility if necessary. If an immediate threat of serious bodily harm to more than one person exists, and the staff members are not capable of managing the behavior of one or more youth, the police will be contacted for assistance. The SDCC STRTP Manager and/or designee will review the situation within 24 hours and report their analysis and action plan, addressing supervision and safety issues, following police emergency contact to clinical leadership within 48 hours of the incident.

**Procedures for re-integrating the youth back into the program:**

The youth and staff involved in physical hold will debrief as soon as possible, and no later than 24 hours, following each physical hold episode. The debriefing will focus on: identifying what led to the episode and what could have been handled differently, ascertaining that the physical and psychological wellbeing and right to privacy of the youth were addressed, assessing the impact of the episode on the youth's emotional functioning, and modifying the youth's Needs and Services Plan if necessary. Staff will assist the youth in creating a safety plan and may review the youth's coping skills as listed in their Calming and Crisis Prevention Plan. SDCC STRTP Clinical or Nursing staff may place a youth on increased supervision (e.g. increased contact, precautions, or 1:1 staffing) and may require the youth to remain on restricted boundaries.

**Criteria for assessing when an emergency intervention plan needs to be modified or terminated:**

The SDCC EIP will be assessed for modification or termination in Quality Council with SDCC's VP of Clinical Operations, Senior Directors, STRTP Managers, and Director of Quality Assurance for the following reasons:

- If a life-threatening injury or death occurs
- If an unusual increase in physical holds or runaway incidents are recorded in a one-month period

**Safety and Physical Needs during Physical hold:**

Assuming staff resources permit, at least one staff who is not involved in the physical hold will be responsible for observing the physical hold and the youth's physical wellbeing. During all physical holds the staff members participating in the physical hold and observing the physical hold are to remain aware of the youth's safety and physical needs. This will be accomplished in several ways:

- All staff are required to complete Safe & Positive Approaches training prior to participating in a physical hold; this training teaches how to physically hold a youth safely
- All staff will be oriented to SDCC's EIP prior to assuming their work position
- Through supervision and/or in team meetings each staff will receive ongoing feedback related to the safe use of physical holds
- Each staff participating in a physical hold will be aware of the youth's basic physiological needs and monitor the youth's breathing and circulation on an ongoing basis
- All staff will be responsible for responding promptly and appropriately to a youth's request for services or assistance, and reposition the youth when appropriate

**Supervision and Approval of Physical Holds:**

The SDCC STRTP Nurse/Med Tech or designee will be notified immediately upon initiation of physical hold. The Nurse/Med Tech or designee will check to ensure that recent injuries do not contraindicate the continued use of the physical hold. Physical holds will not be used at any time when a medical assessment documents that a youth has a medical condition that would contraindicate the use of a physical hold, or when the youth's current condition contraindicates their use.

**Injury or Suspected Injury:**

If at any time during or after a physical hold, an injury is present or suspected, the nurse will be immediately notified to assess the youth for injury. If it is determined by the nurse that a physical examination and/or medical attention is necessary, the youth will be either treated by the nurse on grounds, or if medically indicated, transported off grounds to receive medical care. Transportation will be arranged by ambulance if the youth is unsafe for transport by SDCC staff and needing medical attention. If it is decided by the nurse that a physical examination is not necessary, this decision, and the justification for it, will be documented in the serious incident report (SIR).

Any sustained or suspected injury observed by staff after a physical hold, or any complaint of injury reported to staff, will be immediately reported to an STRTP Supervisor or designee. Information regarding injuries is also reported within the appropriate timelines to external agencies (e.g. CCL, placement agency, authorized representative, San Diego County IEU, etc.), included in written SIRs, reported to SDCC leadership in Quality Council, and reported to SDCC's Board of Directors.

**Ongoing approval for physical holds:**

Program staff will not continue a physical hold use for more than 15 consecutive minutes, unless approval to continue the physical hold is obtained from a SPA certified nurse, lead counselor, or designee. Therefore, program staff will contact the nurse within 15 minutes, so s/he can:

- Visually determine that the continued physical hold is justified
- Assure that youth is not injured
- Assure that the youth's physical needs, such as access to toilet facilities, are being met
- Assure that the youth has proper breathing, circulation, and hydration
- Assure proper physical hold techniques are being utilized

The nurse will approve the ongoing physical hold. If it is determined continued use of the physical hold is justified, the nurse will document the approval, and include the youth's circulation status, and breathing status, on the special procedure record that will be attached to the SIR. The nurse will conduct and document visual assessments every 15 minutes for the duration of the physical hold.

If the physical hold continues to 30 minutes, the nurse will contact the youth's Therapist or Therapist on call and STRTP Director/Manager on call, brief him/her and obtain verbal approval for continuing the physical hold, if it is determined continued use of physical hold is justified. This verbal approval will be documented on SDCC's Special Procedures Form, will be signed by the Therapist and STRTP Manager within 24 hours, and will be attached to the SIR. After 30 minutes, and at 30-minute intervals, if the youth is still presenting as a danger to him/herself or others, the Therapist and STRTP Manager or designee will evaluate whether the facility has adequate resources to meet the youth's needs (i.e. evaluated need to contact PERT or ESU).

Physical holds longer than 60 minutes will be approved in writing every 30 minutes by the Therapist, STRTP Manager, and the youth's authorized representative, if it is determined continued use of physical hold is justified. If the youth's authorized representative is not available to provide written approval, SDCC will obtain verbal approval for the continuation of the physical hold, and written approval will be obtained within 24 hours of the verbal approval. If the youth's authorized representative is unavailable for approval, staff will make continuous efforts to contact the representative while proceeding in the best interest of the youth's immediate safety.

If a physical hold exceeds 2 hours, the youth must be allowed access to liquids, meals, toileting, and range of motion exercises at regular intervals, not to exceed two hours. Staff will make provisions for responding promptly and appropriately to the youth's request for services, assistance and repositioning, when appropriate. Physical holds will not exceed 4 cumulative hours in a 24-hour period. Additionally, the SDCC STRTP Manager and Director will be informed immediately of instances of multiple physical holds within a 12-hour period and the physical holds will be reviewed in the next cottage/unit staff meeting.

**Criteria for assessing when the facility cannot meet the needs of a specific youth & plan for accessing community emergency services if emergency interventions are not appropriate:**

- If a youth presents an immediate danger of serious bodily harm to himself/herself or others which is so severe and/or frequent that the youth cannot be contained in the RTC setting, the appropriate inpatient psychiatric hospital provider or the Emergency Screening Unit will be contacted to evaluate the youth for inpatient hospitalization
- If a youth continues to present an immediate danger of serious bodily harm to himself/ herself or others requiring physical hold for four cumulative hours in a 24-hour period, the Emergency Screening Unit or appropriate inpatient psychiatric hospital provider will be contacted to evaluate the youth for inpatient hospitalization
- If a youth is involved in three or more aggressive incidents which require off-grounds medical attention to the youth or staff in a one-month period
- If a youth requires more than three psychiatric evaluations for inpatient hospitalization in one month
- The police will be contacted if at any time SDCC staff cannot be assured emergency intervention procedures will be effective in controlling behavior which is likely to cause serious bodily harm to one or more individuals in the facility

**Policies and procedures concerning when and how to involve law enforcement in response to an incident:**

It is the responsibility of the SDCC Residential Director, SDCC STRTP Manager, or designee to immediately notify law enforcement if a youth's behaviors (threatening, assaultive, and/or self-injurious) are unable to be controlled which place the individual or others at serious risk of violence or injury. Following immediate notification of emergency and/or law enforcement personnel, the youth's parents/caregivers and placing agency representative will also be notified.

The following is a list of 24 Hour Emergency & Urgent Care Mental Health Services to be utilized by all programs/departments in the event of an emergency:

- Psychiatric Emergency Response Team (PERT): 911, ask for PERT
- Emergency Screening Unit (ESU): 619-421-6900
- San Diego Access and Crisis Line: 1-800-479-3339
- San Diego Police Department Dispatch: 619-531-2000 or 858-484-3154

**Notification of family:** The youth's family and/or authorized representative will be notified as soon as possible of the physical hold. Notification will be documented on the SIR cover sheet.

**Review process for physical holds:** All SIRs for physical holds will be reviewed within two business days by the STRTP Manager or designee. The STRTP Manager or designee will debrief the use of all physical holds with the staff members involved no later than the next working day following the incident. Inappropriate physical holds will be reviewed between the staff member/s and that staff member's supervisor within 24 hours for a corrective plan of action such as more formal training. Trends regarding physical holds and interventions will be reviewed during treatment team meetings for group training as necessary. The youth's Therapist reviews physical holds with the youth and the youth's parent/caregiver/authorized representative.

The STRTP Manager or designee reviewing SIRs will notify the youth's Therapist when physical holds exceed 60 cumulative minutes or longer within a 24-hour period. The youth's Therapist will assume responsibility for clinical review of the treatment plan in coordination with the youth's authorized representative. The Therapist will document this review in the youth's medical record, and the treatment plan will be modified if needed. This treatment plan review will take place within 48 hours of the physical hold(s).

**Emergency intervention staff training plan:** Only SPA certified trainers provide training for SDCC STRTP personnel who utilize EIP procedures. SDCC maintains at least five certified SPA trainers who work directly with youth and SDCC STRTP direct care staff. The SDCC STRTP Training Specialists and the SDCC Director of Quality Assurance are also certified SPA trainers. Only staff members trained and certified in SPA will be allowed to use EIP procedures with youth. SDCC requires applicable personnel to update SPA training annually. **SPA training is provided monthly** for recertification, new employees, and for staff who may require retraining due to a corrective action plan or not utilizing proper EIP procedures.

**New SDCC STRTP personnel** are trained and tested on the principles and components of this EIP prior to beginning work with youth and annually thereafter. **Ongoing training** focuses on maintaining the skills necessary to effectively manage traumatized youth and ensuring staff understand the EIP components and are implementing them appropriately.

**The SPA training curriculum addresses the following areas:**

- Techniques of group and individual behavior management including crisis prevention, precipitating factors leading to assaultive behavior, and crisis intervention
- Methods for de-escalating volatile situations with non-physical techniques, such as crisis communication, evasive techniques and alternative behavior
- Physical techniques of applying physical holds in a safe and effective manner ranging from least to most restrictive types of physical holds
- Competency based written and physical demonstration of mastery regarding the entire training program
- Alternative methods of handling aggressive/assaultive behavior
- Understanding of trauma, how past trauma can affect current behavior, and how physical interventions can re-traumatize youth
- Techniques for reintegrating the youth into the program after the emergency intervention
- Avenues for elevating concerns to Therapists, Nurses, Managers/Supervisors and SDCC Administration

Plan to maintain written record of staff training: After training is complete, a certificate of successful completion, which includes the days, hours, and name of the certified SPA trainer providing the training, is issued to the staff member by the SPA certified trainer. This certificate is available for review by CCL and other regulatory agencies upon request.

SDCC follows the training recertification requirements and applicable grace period policy set forth by Devereux Advanced Behavioral Health, Direct Care Training Resources *Safe and Positive Approaches® (SPA) for Preventing and Responding to Crisis Program*. Training certification is required annually. A staff member has ninety (90) days following the date of their training certification expiration date to obtain recertification training. If the staff member fails to obtain recertification training within the required 90-day grace period, s/he must retake initial SPA certification training prior to the use of any physical emergency intervention procedures.

**Documentation and reporting requirements:** A Serious Incident Report for a physical hold is completed by the staff member who initiated the physical hold and forwarded to the nursing office by the end of the working shift.

The STRTP Manager or designee reviews and documents findings on the SIR and in the facility monthly log for the following issues:

- Were at least 2 non-physical interventions used
- Did the de-escalation techniques escalate the youth's behavior
- Was PH used only after less restrictive techniques were unsuccessful
- Was the PH limited to the least amount of time

Copies of written SIRs will be maintained by SDCC's Medical Records Department. Recommendations and findings will be forwarded to the supervisor of the staff involved in the physical hold. All appropriate regulatory agencies are notified within specified timeframes. **CCL is notified of physical holds within 24 hours.** Written copies of physical hold reports are provided to CCL, HHSA IEU and/or the youth's authorized representative according to specified timeframes. The youth's parents/caregivers/authorized representative and Therapist are notified as soon as possible after the incident, but no later than 24 hours after.

**Data collection (including a monthly log with requisite information) and integrating physical hold data into performance improvement activities:** All SDCC STRTP serious incident data, including physical hold data, is maintained in a serious incident database, which is used to produce monthly reports, which are evaluated in monthly Quality Council meetings and provided to program staff for review. These reports are incredibly detailed and track various outcomes, including duration of holds, types of holds, location of holds, time of the day and day of the week holds are occurring, the number of holds by youth, youth injuries that occur as result of physical hold and subsequent treatment provided, if debriefing following the physical hold was completed with the youth, etc. Data trends and findings are used in performance improvement activities to reduce or eliminate the use of physical holds, and to avoid youth or staff injuries or other adverse results of the physical holds.

**Plan development and approval process (including Behavior Management Consultant):**

SDCC STRTP consults with and uses emergency intervention procedures certified by Devereux Advanced Behavioral Health, Direct Care Training Resources *Safe and Positive Approaches® (SPA) for Preventing and Responding to Crisis Program*. The SPA Program is trained and utilized throughout Devereux's national treatment network as well as in more than 100 other behavioral healthcare organizations, school districts and human service settings. SDCC STRTP regularly consults with Devereux trainers regarding the interventions included in the EIP, and SDCC hosts an annual train-the-trainer and recertification training conducted by Devereux.

The SDCC STRTP EIP is developed and maintained by the SDCC STRTP Administrator and Director of Quality Assurance, who is a certified SPA Trainer, in consultation with the following Behavior Management Consultants:

- Devereux Advanced Behavioral Health, Direct Care Training Resources Staff who include the following;
  - Catherine M. Maher, M.Ed., Direct Care Training Resources Director, who has over fifteen years of supervisory and behavior management experience delivering therapeutic recreation and habilitation services to youth in a residential treatment setting. Ms. Maher is a master trainer with expertise in the assessment, development, implementation and evaluation of evidence-based training programs and resources. She was a participating member of the Child Welfare League's National Task Force on Behavior Support and Intervention Training and has worked directly with more than 150 organizations nationwide.
  - Gina M. Burgess, Direct Care Training Resources National Training Specialist, who has over twenty years of behavior management and supervisory experience in a variety of treatment settings serving youth and adults with behavioral challenges. Ms. Burgess is a co-author of *The Supervision of Safe & Positive Approaches* and is certified by the nationally-recognized QPR Institute as a *QPR for Suicide Prevention Master-Trainer*.
- SDCC's Director of Residential Services, Ervey Salinas, who is a licensed Marriage and Family Therapist with ten years of experience working with severely emotionally disturbed youth in a residential setting and seven years of experience managing residential programs for youth.
- SDCC's VP of Clinical Operations, Cheryl Rode, who is a licensed clinical psychologist with sixteen years of experience working with severely emotionally disturbed youth in hospital settings and residential care

The EIP is approved by SDCC's Quality Council, which is comprised of SDCC's VP of Clinical Operations, Senior Directors, Program Managers, and Director of Quality Assurance. Prior to use, the EIP is also approved by SDCC's Executive Team and Board of Directors. This approval is documented in the Board Minutes and each Board Member receives a copy of the EIP. Any changes to the EIP are approved and documented in the minutes by SDCC's Quality Council prior to implementation. Changes to the EIP are also submitted to the CCL Analyst, HHSA IEU Monitor, and SDCC's Board of Directors for approval prior to implementation.

Analysis of patterns and trends regarding the use of emergency interventions during the previous quarter are used to review the EIP biannually and, if necessary, modify the EIP. This analysis includes review of: documentation for accuracy and completeness; use, effectiveness and appropriateness; and frequency. Documentation of the biannual review, and any **corrective action plan**, is submitted to CCL no later than the 5<sup>th</sup> of the month following the review. This report will also be available for review upon request by the youth's parent/caregiver/authorized representative.

Please see the following for the SDCC STRTP Runaway Plan.

---

### SDCC STRTP Runaway Plan

---

**SDCC Policy:** It is the policy of SDCC to ensure the safety of youth and staff at all times by specifying policies and procedures to address potential and actual runaways.

#### **Definitions:**

**Runaway:** A youth is considered a runaway when the youth **has been missing for 15 minutes** and/or a youth is off-grounds. A youth, who leaves the facility property without permission, but remains within view of SDCC personnel, is considered a runaway and the procedures outlined in the runaway plan below will be adhered to.

**Out of Area:** Out of area without staff permission is defined as non-compliant behavior and is not considered a runaway.

#### **SDCC STRTP Runaway Procedures:**

##### At the time of admission:

- SDCC's runaway plan, and the youth's propensity to run away, will be discussed with the youth and the youth's parent/caregiver/authorized representative by the assigned SDCC STRTP Therapist.
- If it is determined the youth has a history of running away from placement or attempts to run away from placement, or the youth is identified as a commercially sexually exploited child, the assigned Therapist and parent/caregiver/authorized representative will develop an individualized runaway plan for the youth, which will be included in the youth's Needs and Services Plan. If applicable, the individualized runaway plan will include a plan to prevent and discourage commercially sexually exploited children from running away.

A runaway youth or a youth who threatens to runaway does not pose sufficient justification to warrant physical intervention ***unless runaway behavior is likely to result in serious bodily harm or injury to the youth or others.***

Staff will prompt a youth to stop and return if s/he is running off-grounds and determine if sufficient staff resources exist to follow the youth, maintain visual contact, and provide for the safety of other youth in the program. It is important for the staff to determine if following the youth will create a greater hazard than not following the youth and to modify their interventions based on the youth's age, size, and emotional, behavioral and developmental level. For example, a pre-teen may runaway more impulsively if being followed by a staff member, which would create a hazard if the youth were to run into traffic. A younger youth may be more easily directed verbally to hold a staff member's hand and return with a staff member.

**When runaway behavior is likely to result in serious bodily harm or injury:**

- Staff will implement emergency intervention procedures beginning with verbal attempts to redirect the youth and proceeding to a physical hold if necessary.
- For staff to implement a physical hold, the likelihood of injury by running away must be greater than the risk associated with the physical hold.
- Under no circumstances will a youth be locked in any part of the facility to prevent that youth from running away.

**If a youth is not accounted for:**

- Staff will contact the SDCC STRTP Nurse immediately to notify all SDCC staff and to have the SDCC grounds thoroughly searched.
- If staff are unable to search the grounds due to insufficient staff resources, the youth will be considered a runaway whose whereabouts are unknown.
- Staff are notified at the beginning of their shift, by their Shift Supervisor or designee, if a child is absent without permission.

**If a youth is off ground and a staff member is unable to follow the youth or the youth cannot be found, the following actions will be taken:**

- The SDCC STRTP Nurse will immediately contact police dispatch (619-531-2000 or 858-484-3154) and the authorized representative or parent.
  - In coordination with SDPD, the IC may utilize search and rescue dogs by contacting the on-duty Search and Rescue Coordinator through the Sheriff's Communications Center at 858-565-5200 or the Sheriff's Search and Rescue Coordinator directly during business hours at 619-956-4990
- An Incident Captain (IC) will be identified. The IC may be the SDCC STRTP Director, an SDCC STRTP Manager, or their designee.
- The IC is responsible for immediately notifying the Chief Executive Officer.
- If the IC determines that sufficient staff resources exist to look for the youth off-grounds, s/he may authorize this. If needed, the IC may request support from on campus administrative personnel and/or NPS personnel to assist in searching for the youth.
- In coordination with SDPD, the IC may utilize search and rescue dogs by contacting the on-duty Search and Rescue Coordinator through the Sheriff's Communications Center or the Sheriff's Search and Rescue Coordinator directly during business hours.
- Phone numbers are posted in staff offices.

**If the youth is located off-grounds:**

- Staff interventions will be limited to verbal redirection and de-escalation when encouraging the youth return with staff to SDCC.
- If the youth is safe and willing to return to the facility, staff may return the youth in an agency vehicle.
- If the youth cannot be redirected verbally while off grounds, staff should maintain a visual of the youth and notify the SDCC STRTP Nursing Department and the police of the youth's whereabouts.
- The SDCC STRTP Nursing Department will in turn notify the designated IC of the youth's whereabouts.

**Staff Training Plan:**

- All SDCC STRTP staff are trained in SDCC's runaway procedures.
- This training will be documented, and training records will be maintained by SDCC.
- As part of the training curriculum, all staff are instructed in the use of non-physical interventions and de-escalation strategies, which include the following:

**Early Interventions:**

Staff members approach a youth exhibiting dangerous behavior with Assertive Verbal Prompts with the purpose of stopping the dangerous behavior and calming the youth before initiating any physical contact. Assertive verbal prompts consist of using 'I' statements giving the youth a clear behavioral directive. Assertive responses do not include loud angry lecturing or blaming.

One staff member will take charge directing communication and action to reduce any confusion on the part of the youth. **Expected outcomes** of these early interventions are that youth take control in difficult situations without physical intervention by others. These early interventions allow youth to feel success in controlling behavior in difficult situations, thereby developing impulse control as part of their behavioral repertoire when frustrated. A range of non-physical interventions should be used to de-escalate youth and to control non-desired or injurious behaviors prior to use of a physical hold. These non-physical interventions include:

1. **Spoken Assertive Command:** Providing the youth with a clear verbal direction. Examples include:
  - Asking a youth to stop a non-desired or dangerous behavior;
  - Asking the youth to take a time out;
  - Providing a verbal direction to choose between two alternative safe behaviors;
  - Providing a direction or distraction which is incompatible with the undesired behavior;
  - Prompting use of a coping skill previously identified by the youth in their Individualized Emergency Intervention Plan;
  - Prompting use of a calming strategy previously taught to the youth;
  - Verbally directing the youth to calm down in a safe place;
  - Asking the youth if he/she would like a PRN
2. **Modify Staff Proximity to the Youth:** Determine if moving closer or distancing staff proximity will stop the non-desired behavior and follow through based upon this determination. Examples include:
  - Moving away from a youth swinging an object with the intent that the youth will stop feeling threatened and place the pipe on the ground or stop swinging;
  - Moving towards a youth verbally threatening another youth with the intent of distracting the youth from the other and helping the youth to hear a command to take a time out
3. **Switch Staff:** Ask for another staff to intervene and stop the non-desired or dangerous behavior. Verbal attempts by another person may be effective if a power struggle has occurred with the staff member intervening.
4. **Remove the Audience:** Remove the audience for non-desired or dangerous behavior by directing other youth out of the area near the youth and undesired behavior thereby reducing the reinforcement and likelihood that the behavior will continue. Examples include:
  - Direct the youth in question to leave the area using verbal command only;
  - Directing youth watching a youth attempt to climb on to the roof to another area out of sight of the behavior;
  - Directing youth to watch a movie in another cottage when a youth is being extremely disruptive, loud, and provocative to the group
5. **Evade the Youth:** Take a defensive posture and get out of the way of the dangerous behavior and ensure others stay out of the way. Examples include:
  - Removing other youth from the area of an assaultive youth;
  - Moving away from a physical attack by a youth and taking a defensive stance as outlined in SPA training;
  - Avoiding a physical hold for a potentially dangerous behavior because staff resources are not in the immediate area to safely control the youth
6. **Hand Holding:** A staff member may lightly hold the hand of a child, or lead a child by the arm, if the history and experience of the child suggests this will calm the child and help the child come under behavioral control. Children with history of assault should not be approached in this manner. This intervention is to only be used with children, and not adolescents.
7. **Standing in the Path of a Youth:** Staff will place themselves between the youth and a dangerous object, an intended victim, or to prevent egress when behavior poses clear and immediate danger of serious bodily harm. Staff communication will be focused on calming the youth and verbally directing the youth to a safe place. Large youth, or youth with history of assault, should not be handled in this manner. Staff should not pursue this intervention without appropriate support to provide control of the youth in a physical hold unless the staff member anticipates evading the youth's approach.

## **23. NEIGHBORHOOD COMPLAINT PROCEDURES [Reference: HSC 1524.5]**

### **23.1 Describe the facility's procedure for handling neighborhood complaints.**

The SDCC STRTP is located on a 10-acre campus, owned by SDCC, in the Kearny Mesa/Linda Vista area of San Diego. The campus is gated and includes several buildings and large parking areas for staff. The SDCC STRTP is not located in a residential neighborhood. The neighbors of the SDCC campus consist of:

- Kearny Mesa Recreation Center and Park
- Kearny Moto Park
- Kearny Mesa Dog Park
- California Army National Guard Recruiting Office
- Custody to *Community Transitional Re-entry Program for Women*

SDCC's policy regarding complaints from members of the community is the following:

It is the policy of SDCC to provide the most effective and therapeutic services and environment possible to youth and families, which requires a cooperative effort on the part of our staff, youth, families, and community members.

SDCC's procedure for handling complaints from members of the community is the following:

1. SDCC encourages anyone with a complaint/grievance to speak directly with the SDCC staff involved to resolve the problem.
2. If the grievance is not resolved, the appropriate SDCC Manager or Director will contact the individual with the grievance to find a resolution.
3. If the grievance is still not resolved and/or an understanding is not achieved, and the individual wishes to submit a formal grievance, s/he will be asked to complete an SDCC Community Member Grievance Form (available in Spanish and English) and submit it to the appropriate SDCC Manager or Director and/or the Vice President of Clinical Operations.
4. The Program Manager/Director or Vice President of Clinical Operations must submit the grievance form to SDCC's Chief Executive Officer and Quality Council.
5. SDCC's Quality Council will review the grievance and decide if additional action is required. SDCC's Quality Council may require the appropriate SDCC Manager or Director to be present for the review.
6. The griever will be sent a letter confirming receipt and review of the grievance, as well as SDCC's recommendations for resolution. This letter and the subsequent outcome/resolution will be kept on file.

In addition to SDCC's internal procedure for handling complaints from members of the community, individuals are always able to file complaints with local, State or Federal regulatory offices depending what their grievance is regarding.